



Volunteer Application

Thank you for your interest in volunteering with Haven Hospice. Please complete this form by **PRINTING** all information and return it to the volunteer office nearest you.

Check the location where you want to volunteer:

Chiefland DeLand Gainesville Jacksonville Lake City Palatka St Augustine

Name: _____

Address (street and mailing address): _____

City, State, Zip: _____ email: _____

Phone: home _____ work _____ cell _____

Emergency contact name: _____ Phone: _____

How did you learn about us? _____

Areas of Interest

Please indicate your areas of interest in Haven Hospice volunteer service (list as many as you would like):

- | | |
|--|---|
| <input type="checkbox"/> Attic Resale Shop | <input type="checkbox"/> Licensed Massage Therapy |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Community Outreach/Speaker's Bureau | <input type="checkbox"/> Patient/Family visitation* |
| <input type="checkbox"/> Development/Special Projects | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Haven Medical Equipment | <input type="checkbox"/> Pet Therapy |

Availability

Are you a permanent resident in this area? No Yes,

If no, what months are you available? _____

Please provide your out-of-town address if you wish to remain on our mailing list: _____

What hours are best for you to volunteer? Daytime Evening Weekends

* Maximum distance you would be willing to drive to visit a patient/family? _____ miles
Over



Volunteer Application

Special Skills

Please describe any special skills, experiences, hobbies and/or interests you feel would be of special value in hospice service and that you would be willing to share: _____

Employment

Current job title: _____ Retired? No Yes
Employer: _____ Full-time Part-time

Education

Are you a student? No Yes, indicate where: _____ Field of study: _____
Expected graduation date? _____

Personal Sharing

Please describe any personal experience with loss, terminal illness, or the death of a loved one:

Statement of General Health and Volunteer Commitment

Haven Hospice requires that we have a statement of your general health in your volunteer file. Please read and sign the following:

I, _____, state that I am, to the best of my knowledge, free from communicable diseases. I am also willing to make a one-year commitment as an active volunteer for Haven Hospice. I will maintain contact with the Haven Hospice office regarding my availability. I give permission for Haven Hospice to perform reference checks with those above noted persons.

Signature

Date



Volunteer Application

References

Haven Hospice requires **THREE** references for each volunteer. Please provide all the requested information for three persons we may contact. **Please do NOT list relatives.**

Reference 1:

Name: _____ Relationship: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ email: _____

Reference 2:

Name: _____ Relationship: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ email: _____

Reference 3:

Name: _____ Relationship: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ email: _____

Over