



1819 Virginia Ave.
Harrisonburg, VA 22802
540-434-3916

Hospice Volunteer Application

Name _____

Street Address _____

Primary Phone _____ Cell Home Work Other

Secondary Phone _____ Cell Home Work Other

Email _____

Occupation _____ Birth Date (optional) _____

Who referred you to First Choice to volunteer in our hospice program?

Previous Volunteer Experience

Summarize your previous volunteer experience. Please indicate name of group, length of service, and type of volunteer work performed.

Experience with Death and Hospice

Have you experienced the death of someone close to you? How did it affect your life?

What is your principal motivation for volunteering at First Choice Hospice?

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings

I prefer to volunteer in (check all that apply):

- Rockingham County
- Augusta County
- Page County
- Shenandoah County
- Other location: _____
- Patients' Homes
- Bridgewater Retirement Community
- Sunnyside Retirement Community
- Virginia Mennonite Retirement Community

Volunteer Interests

Tell us in which areas you are interested in volunteering (check all that apply):

- Companionship
- Errand running
- Respite for caregivers
- Light housekeeping or yard work
- Pet care
- End-of-life care
- Bereavement calls, notes, or visits
- Knit, crochet, or sew items for clients
- Data entry, filing, mailings, etc.
- Event planning or special projects
- Community outreach
- Pet therapy (must have certification)
- Photography or videography
- Scrapbooking
- Music therapy
- Other: _____

Special Skills and Qualifications (Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies and sports.)

Person to Notify in Case of Emergency

Name _____

Phone # _____

Alternate Phone # _____

Email _____

References

Please list 2 individuals as character references

Name _____

Address _____

Email _____

Phone _____

Relationship to this reference _____

How long have you known this reference? _____

Name _____

Address _____

Email _____

Phone _____

Relationship to this reference _____

How long have you known this reference? _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete; I understand that if I am accepted as a volunteer and there are false statements, omissions or misrepresentations made by me on this application, it may result in my immediate dismissal.

Printed Name _____

Signature _____

Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference or disability.

Following all compliance regulations, we complete criminal background checks, sex offender registry checks, drug testing, and PPD testing prior to our volunteers being scheduled.

Thank you for completing this application form and for your interest in volunteering with us. We will contact you soon regarding the status of your application.

Kristy Beauchesne, M.A.
Social Worker / Volunteer Coordinator
540-434-3916
kbeauchesne@firstchoice4you.com