

VNA Volunteer Application

Name: _____ E-mail address: _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are you currently employed? Yes No If yes: Name of employer _____ Title _____

Why do you want to volunteer? experienced one of VNA services and want to support the VNA give back to the community
 want to make a difference want to do something with my time to gain volunteer experience to be a part of the VNA
 Other _____

How did you hear about the VNA? newspaper personal experience know of someone that has had a personal experience
 visible in the community Other _____

Availability

I prefer: a structure of a routinely scheduled activity to participate in activities as needed

What hours or days are you available? _____

Approximately how many hours would you like to volunteer? _____/week _____/month

Please provide 3 references (non-related): *please provide all information*

	Reference 1	Reference 2	Reference 3
Name:			
Street Address:			
City, State, Zip			
Occupation:			
Home Phone:			
Cell or Work Phone:			

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify applicant from volunteering)

If yes, please describe conditions: _____

Please list your volunteer history:

Name of Agency or Institution:			
Dates:			
Description of Volunteer Work:			

We have a volunteer skills and interests database and would like to include your information. Please check the skills and interests that you have.

Meals on Wheels:

- Prepare bags Make Deliveries Site Coordination

Hospice:

- Patient care in homes, nursing homes, and/or Hospice Center Memorial Service Bereavement Choir Knitting/crocheting/sewing
 Playing a musical instrument Pet Therapy – certification required Front desk coverage at Center Hospice Clerical
 Friends of Hospice – social group to support special events & promote awareness of Hospice

Other Opportunities:

- Phoenix Center
 Outside maintenance (weeding, window washing, etc) Phone calls to patients, volunteers, staff, etc. Special Events
 Videotaping/photography of educational programs & events (equipment supplied) Clerical – mass mailings, filing, or copying
 Lifeline installation/removal in patients' homes Printing/data-entry/website posting Baking for events and Hospice Center families
 Fluent in a foreign language _____ Other _____

Please list other skills or talents that may be useful in volunteering: _____

I understand that the VNA, following the completion of screening and training, will attempt to match my abilities to their service needs and will assign me duties according to the recommendations of the volunteer coordinator. I hereby authorize VNA to contact any of the above named for purposes of obtaining references. Photocopies of this authorization can be accepted as originals. VNA does not discriminate in acceptance of volunteers on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or handicap unrelated to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

Applicant Signature: _____ Date: _____

For VNA use only:

Date Received: _____
Date of Initial Call: _____
Orientation Scheduled: _____

Date forwarded to Hospice Volunteer Coordinator: _____
Date forwarded to Meals on Wheels/Lifeline Coordinator: _____
Date entered into volunteer database: _____