Mountain Valley Hospice & Palliative Care Volunteer Application and Agreement



☐ Elkin ☐ Hillsville, VA ☐	☐ Mt. Airy ☐ Martinsville, VA		lountain [Hospice Care	Yadkin Center	☐ Woltz Hospice Home	
Personal Information						
Name: Last		First			Middle	
Street and/or Mailing Add	roce				Midule	
City:					de:	
•						
Home Phone: Date of Birth:			Cell Phone: E-Mail Address:			
Are you a Veteran? If so,						
•		•				
Have you experienced the	•			, ,	<u> </u>	
How did you hear about o	ur volunteer Progr	am?			_	
Emergency Contact Ir	nformation					
			Rela	tionship:		
Name: Relationship: Home Phone: Work Phone:						
	Cell Phone: E-Mail Address:					
Family Physician & Phone						
Please list any allergies						
Flease list arry and glos						
	Histo	ory of Volunte	eer Experienc	ces		
Organizatio		rom: (Mo/Yr)	To: (Mo/Yr)		/Description of Role	
	E	mployment E	Experiences			
Organizatio	on F	rom: (Mo/Yr)	To: (Mo/Yr)	Position	/Description of Role	

Skills, Abilities, and Special Talents Please list any special skills and talents (i.e., computer skills, photography, massage or pet therapy, knit/crochet, arts/crafts, foreign language, hairdressing, gardening, calligraphy, etc.) below that might be pertinent to the desired volunteer position.

Volunteer Opportunities: Please Check all Areas of Interest

Patient/Family Contact:							
 ☐ Home Visits ☐ Veterans ☐ SECU Hospice Home* ☐ Woltz Hospice Home* 	☐ Errands☐ Patient/Family Bereavement*☐ Massage Therapy*☐ Kid's Grief Camp*	 □ Pet Care (Pet Peace of Mind)* □ Music Therapy* □ Life Review □ Other 					
* = requires additional training and/or certification							
	Office/Administrative Duties	S:					
☐ Telephone Skills☐ Data Entry☐ Copying/Assembling	☐ Filing☐ Mailings☐ Update Database/Reports	☐ Other					
Arts/Crafts, Fundraising or Special Events:							
☐ Prayer Shawl Ministry Group☐ Craft Group☐ Greeting Card Group	☐ Special Events☐ Fundraising☐ Public Speaking	☐ Other					
☐ Craft Group ☐ Greeting Card Group	☐ Fundraising	☐ Other					
☐ Craft Group ☐ Greeting Card Group	Fundraising Public Speaking vou are available to volunteer per week:_	☐ Other					

References: Please list 3 References

Name:	Address:	Occupation:	Telephone Number:
M/by do you want to bac	come a Hospice Volunteer?		
willy do you want to bed	offie a mospice volunteer?		
I signify that the all infor	mation listed in this application is tr	rue and correct to the best of r	ny knowledge:
Applicant's Name:		Date:_	
		e Use Only	
Interview Conducted:		lephone	
Date:	Time: Reference Checks (P	Signature: lease date and initial):	
Reference #1:			
Data	1.90.1.		
Date: Reference #2:	Initials:		
Date:	Initials:		
Reference #3:			
Data	lnitiala.		
Date: Comments:	Initials:		