



## Future Volunteer Contact Information

Name:	Are you over 18 years old? Yes No		
Address:	City:	State:	Zip:
Employer:	Home Phone:		
Occupation:	Cell Phone:		
Email:			

What are your hobbies? \_\_\_\_\_

I have the following areas of experience or expertise to share as a Hospice Volunteer:

Please circle all that apply:

- |                        |                         |
|------------------------|-------------------------|
| Typing                 | Minor Handy Man repairs |
| Filing                 | Lawn Care               |
| Answering Phones       | Sewing                  |
| Public Speaking        | Crafts                  |
| Art Work               | Carpentry               |
| Visiting with Patients | Office Volunteer        |

Do you speak a foreign language? No Yes, \_\_\_\_\_

Would you like to volunteer and work directly with patients and/or family members? \_\_\_\_\_

Would you like to volunteer in an administrative role such as special projects or office help?  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_