

Volunteer Application

Hospeace House, Inc. 7824 County Rd 33, Naples NY 585-374-2090

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Name	Date		
Address			
Home Phone	Cell Phone		
Email Address			
Preferred Method of Contact			
Emergency Contact name and pho	one		
Date of Birth Sex M /	F		
Occupation/Employer			
How did you hear about us?			
	r here? (Please understand that if you are in need of fulfilling community service of grant you the documentation needed.)		
Have you worked as a volunteer b	efore? Yes/No		
If yes, list organizations, length of	involvement & duties performed:		
What would you like to do as a volunteer at Hospeace House? (cooking, cleaning, shopping, clerical, patient support/care, fundraising, etc.)			
What are your strengths, abilities	talents, gifts that you would bring to us?		

Do you have concerns	about working with people at er	nd of life? If so can you give examples:	
Are there specific thin	gs that you would like to receive	training on?	
Please list any specific		m lifting/carrying or other possible duties? Y volunteer (most shifts are 4 hours in length,	
How often are you ab	le to volunteer (3xweek, 1xweek,	monthly, occasionally, etc.)	
Have you ever been c		or or felony)? Y/N. If Yes, please provide brief	F
Pleases provide at lea	st 2 references:		
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
Is there anything else	that you would like to share with	us?	

Our Mission

- To provide a warm respectful environment meeting the physical, spiritual and emotional needs of those facing the end of life as well as their families.
- Hospeace House Inc. is about preserving the quality of life that one has left and empowering residents to gracefully live out the remaining days of their lives.
- Our comfort care hospice facility is a resource that people can count on for tender assistance when a loved one is facing a terminal illness.

 ~ Hospeace House Board of Directors