Hospice and Palliative Care of St. Lawrence Valley, Inc.

Volunteer Pre-registration Form

Name _______________________________________________________ Date ______________________

Address _____________________________________________________ Phone: Home _______________

____________________________________________________ Work _______________

E-mail ______________________________________________________

1. What first interested you in Hospice?
________________________________________________________________________________________
________________________________________________________________________________________

2. How do you think hospice work will be rewarding for you?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. Please describe your previous volunteer experience and work experience.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

4. Have you experienced the lost of someone close to you within the past year? If yes, what was the relationship.
________________________________________________________________________________________

5. I am interested in participating in the Hospice Training in order to:
_____ Visit hospice patients in their home, hospital or nursing home.
_____ Help in the office, fundraising or other tasks that do not require direct patient contact.
_____ Increase my knowledge of the Hospice Program
_____ Provide care for an ill family member or friend

6. When would you be available to volunteer for hospice?
_____ Daytime
_____ Evenings
_____ Weekends

7. Comments:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please return to: Linda Caamaño, Volunteer Manager, 6805 US Highway 11, Potsdam, NY 13676

Thank you for your interest in Hospice

8/2012