

## HOSPICE VOLUNTEER APPLICATION

Please fill out the HFM Network volunteer application AND this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate your reasons for wanting to become a hospice volunteer.

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Please list any special degrees, military background, or training that you have:

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### Skills and Interests:

Please mark any of the following skills or interests that you may have.

Active listening	Arts and crafts
Language(s) _____	Assist in/out of bed
Assessing needs	Assist to/from commode
Being supportive	Assist with ambulation
Meeting spiritual needs	Assist with drinking fluids
Reading aloud	Assist with eating
Telephone skills	Assist with oral hygiene
Event planning	Assist with hair care
Pet visits	Assist with nail care
Music visit	Other: please list _____
Massage	

Questions on HFM Hospice application? Please contact Cindee at (920) 320-4232 or [cvogel@hfmhealth.org](mailto:cvogel@hfmhealth.org)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date