

Arkansas Valley Hospice
P.O. Box 408
La Junta, Colorado 81050
719-384-8827

Thank you for your interest in becoming an Arkansas Valley Hospice Auxiliary Volunteer. This application form is intended only for the use of gaining basic information about you. You will be contacted for an interview to determine in which ways we may best use your talents, interests and skills to meet the many needs that arise in Hospice care.



Name _____ Date _____

Address _____ City _____

Home Phone _____ Work Phone _____ Cell Phone _____

Do you an Email address? _____

Previous Volunteer Experience _____

Why are you interested in Volunteering for Hospice? _____

Have you experienced any recent losses? _____

Hobbies, interests, special skills, etc. _____

Availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning: _____

Afternoon: _____

Evening: _____

Comments _____

Areas of interest (Please rate in order of preference):

_____ Work with Patients/Family

_____ Office Work

_____ Public Relations

_____ Fund Raising

_____ Bereavement

_____ Special Projects

Signature _____ Date _____

Turn over

References:

Name:	Address:	Phone Number:	Years known:
1.			
2.			
3.			