



LOPEZ ISLAND
HOSPICE
& HOME
SUPPORT

Lopez Island Hospice & Home Support Volunteer Application

I would like to serve as a Lopez Island Hospice and Home Support volunteer for the support of residents of Lopez Island who are experience a need for assistance due to illness, injury, or major loss.

Name _____ Birthdate _____ Phone _____

Address _____ email _____

How did you become interested in volunteering with Lopez Island Hospice & Home Support?

What experience have you had volunteering with other organizations?

Have you had experience with any hospice or home support (as recipient or volunteer)?

What would you like us to know about you (i.e. what special skills, experiences, hobbies, or talents would you like to share with program)?

Currently employed? Yes No Occupation _____

May we contact you at work? Yes No Phone Number _____

Work Hours _____

Do you have a physical restriction or health problem that might affect your volunteer service?

Briefly state why you would like to volunteer for Lopez Island Hospice & Home Support:

Have you experienced a traumatic or life-threatening event in your life? Are you dealing with a recent major loss?
If yes, please explain:

Will you commit to attending all training sessions? Yes No
Will you commit at least two hours a week to this program? Yes No
Are you available:
 Weekends Yes No
 Evenings Yes No
 Nights Yes No
Will you commit to providing at least one year of service after training? Yes No

In what capacity would you like to use your skills in the Lopez Island Hospice & Home Support program (check all that apply):

- Companionship, support, respite for a primary caregiver
- Special assistance such as reading, music, games
- Meals
- On-island transportation and errands
- Other home assistance (light housekeeping, gardening, help with correspondence, etc.)
- Bereavement support (immediate/ongoing companionable support for individuals or groups)
- Other: _____

As we consider matching you with a client, are there certain types of clients you would or would not want to serve?

I certify that the information I have provided to Lopez Island Hospice & Home Support in this application is correct.

Name (please print) _____

Signature _____

Date _____