



LOPEZ ISLAND  
HOME &  
HOSPICE  
SUPPORT

## *Lopez Island Home & Hospice Support Volunteer Application*

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address (if different): \_\_\_\_\_

Email: \_\_\_\_\_ Occupation (if currently employed): \_\_\_\_\_

*Please share why you would like to volunteer with LIHHS:*

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*What other volunteer experience do you have?*

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*Do you have experience with any hospice or home support organizations (as recipient, volunteer, or staff)?*

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*What qualities (skills, talents, knowledge, experience) would you contribute to LIHHS and our clients?*

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*What do you think is most important when communicating with others?*

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*What do you hope to receive from volunteering with LIHHS?*

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Do you have physical restrictions or health conditions that might affect your volunteer service?

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Have you experienced a significant loss in the past year (death, divorce, health issues, etc.)?

Yes  No

If yes, and if you are comfortable, please share the nature of this loss and how it impacted you:

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Are you available to attend the volunteer trainings on September 9, 16, & 23?  Yes  No

Are you available to support clients (select any that apply):

- Weekly:  Yes  No
- Monthly (Task Specific):  Yes  No
- Substitute for Regular Weekly Volunteer  Yes  No

Will you commit to providing at least one year of service after training?  Yes  No

Do you speak Spanish?  Yes  No Other languages? \_\_\_\_\_

LIHHS offers a variety of home support to our clients. To help us best match you with clients in the future, **please indicate your interest level in each of the following:**

Help around the home (light housekeeping, meal prep, laundry, light gardening, garbage/recycling, etc.)

Very Interested  Somewhat Interested  Not Interested

Companionship (social visits, reading aloud, taking walks, etc.)

Very Interested  Somewhat Interested  Not Interested





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*LIHHS conducts a Washington State criminal background check on all volunteers prior to service. Please complete the fields below:*

Full legal name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Maiden name or alias(es): \_\_\_\_\_

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

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_