

Name:	Phone(s):			
Mailing address:				
	t):			
Email:	Occupation (if currently employed):			
Please share why you would lik	e to volunteer with LIHHS:			
What other volunteer experience	ce do you have?			
Do you have experience with any hospice or home support organizations (as recipient, volunteer, or staff)?				
What qualities (skills, talents, k clients?	cnowledge, experience) would you contribute to LIHHS and our			
What do you think is most imp	ortant when communicating with others?			

What do you hope to receive from volunteering with LIHHS?



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

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:

Are you available to attend the vo	lunteer trainings on September 9, 5	6, & 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:				
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Help around the home (<i>light housekeeping, meal prep, laundry, light gardening, garbage/recycling, etc.</i>)				
Very Interested	Somewhat Interested	□ Not Interested		
Companionship (social visits, reading aloud, taking walks, etc.)				
□ Verv Interested	□ Somewhat Interested	□ Not Interested		



Respite for caregivers (be present with a client while their primary caregiver has time away)

Very Interested	Somewhat Interested	□ Not Interested		
Hospice accompaniment (supporting a client who is also a patient of Hospice of the Northwest)				
Very Interested	Somewhat Interested	Not Interested		
On-island transportation (for client appointments, errands, or making deliveries)				
Ury Interested	Somewhat Interested	□ Not Interested		
<i>As we consider matching you with a client, are there certain situations or home environments in which you would be uncomfortable serving? (pets, smoking, etc.)</i>				

Is there anything else you would like us to know?

Optional: At various times, LIHHS has volunteer needs related to our other programs (Jingle Bell Dinner, durable medical equipment, educational events, committee participation). If you would be willing to be contacted about these one-off volunteer opportunities, please indicate below

Very Interested

Somewhat Interested

□ Not Interested



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

 Full legal name:

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: _____