

NORTH WOODS HOME CARE AND HOSPICE

VOLUNTEER INFORMATION FORM

Name _____ Date _____

Address _____ Phone (h) _____

_____ (w) _____

Occupation _____ Employer _____

Education-Schools Attended: _____ Degree _____ Major _____

Brief Employment History: Employer Dates Description of Work

Volunteer Experience Dates Description of Work

Do you have a particular religious affiliation? Yes _____ No _____

Please explain: _____

Do you have health related problems or physical limitations? _____

Foreign Languages: _____

Do you drive? Yes ___ No ___ Are you willing to pick someone up? _____

Experiences, Special Skills, Office Skills, Arts & Crafts, Music, Etc. _____

What are your areas of volunteer interest? Office/Clerical_____

Direct Patient/Family Care_____Bereavement_____Speakers Bureau_____

Community Involvement_____Household Chores/Errands_____

Availability M T W Th F Morning____Afternoon____Evening____Weekends_____

Are you willing to do overnight visits? Yes_____No_____

What would be a consideration(s) in your placement with a family?

Pets_____Allergies_____Smoking_____Stairs_____Distance_____Night Driving_____

Other_____

Two References Other Than Family or Friends:

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

(Can be Family or Friend)

I grant permission to North Woods Home Care and Hospice to contact the references listed above.

Signature_____

Date_____

Thank you for your interest in North Woods Home Care and Hospice. We will process your application and contact you in the next few weeks.