NORTH WOODS HOME CARE AND HOSPICE

VOLUNTEER APPLICATION/INFORMATION FORM

Name		
Address		
		(W)
Occupation		Employer
Education-Schools Attended:	_	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:	al limitations?_	
Foreign Languages:		
Do you drive? Yes No Are you willing to	o pick someone	e up?

Experiences, Special Skills, Office Skills, Arts & Crafts, Music, Etc
What are your areas of volunteer interest? Office/Clerical
Direct Patient/Family CareBereavementSpeakers Bureau
Community InvolvementHousehold Chores/Errands
Availability M T W Th F MorningAfternoonEveningWeekends
Are you willing to do overnight visits? Yes No
What would be a consideration(s) in your placement with a family?
PetsAllergiesSmokingStairsDistanceNight Driving
Other
List 3 References: Two cannot be a family member or friend.
NamePhoneRelationship
NamePhoneRelationship
NamePhoneRelationship
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.