



## Volunteer Application

Date \_\_\_\_\_

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

The best way to contact me is at (circle one): Home # Work # Cell # Email

Emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Education: (Circle highest level completed) High School Associates College Post Graduate

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

My employer offers a time off program for volunteering: \_\_\_\_ Yes \_\_\_\_ No

**How did you hear about our program:** \_\_\_\_\_

**To place you in the most rewarding volunteer experience, please check all areas of interest that apply to you:**

Administrative/Office Support

Bereavement Services

Community Outreach

Fundraising/Special Events

Hospice Singers

Patient Companion \_\_\_\_ In Homes and/or \_\_\_\_ In Facilities

Sitting Vigil

Therapies (massage, music, pet or reiki)

Other: \_\_\_\_\_

## Your Experience and Qualifications

I am fluent in the following languages. \_\_\_\_\_

What is your primary reason for wanting to become a VNA Hospice volunteer?

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Please describe any life or work experiences or training, which may help you as a VNA Hospice volunteer.

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Briefly describe any personal experiences if any with death and dying or caring for a terminally ill person.

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Please tell us about your hobbies, interests or skills. Many people do not realize the wide range of activities that may help them as a volunteer.

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## You're Availability (check all that apply)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

**References: please list two**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle one: Personal Professional Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle one: Personal Professional Email \_\_\_\_\_

**Military Service**

Have you ever served in the military \_\_\_Yes \_\_\_No Branch of service \_\_\_\_\_

**Acceptance for volunteer placement is subject to:**

1. Personal interview with the Coordinator of Volunteer Resources.
2. Completion of all mandatory training.
3. Satisfactory references and all required background checks (Criminal, Motor Vehicle and The Bureau of Elderly and Adult Services (BEAS) State Registry).
4. Satisfactory medical history review and required testing through Elliot Systems Employee Health.
5. Personal Liability Auto Insurance at or exceed \$100,000/\$300,000 level of coverage. (Needed for volunteers that operate a motor vehicle in the course of their work)
6. Willingness to abide by all requirements and regulations including HIPPA regulation.

**Please read the following carefully before signing:**

I certify that the statements contained on this application are true. I understand that false, misleading or materially incomplete statements on this application are grounds for immediate dismissal as a volunteer. I agree that a thorough investigation of my background will be made and I authorize other persons or organizations to provide any information they have about my background and I release all concerned from any liability in connection therewith. I agree to be bound by all applicable policies, rules and regulations of Elliot Health System.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please complete and return this form to:**

Susan Jutras Coordinator of Volunteer Resources  
Visiting Nurse Association  
1070 Holt Avenue, Suite 1400  
Manchester, NH 03109

**Contact information:**

Phone: (603) 663-4008  
Fax: (603) 641-4074  
Email: sjutras@elliott-hs.org