

Your name: _____

Home phone: _____ Cell phone: _____

Home address: _____

E-mail address: _____ Birthday: _____

Education, work experience, and other training: _____

Other experience, skills, special areas of interest, hobbies (e.g., massage, arts/crafts, foreign language, hairdressing, music, group activities, etc.): _____

Are there any specific ways you would like to be involved with the Hospice program?

History of your experience as a volunteer:

Name of Agency or Institution	Length of Service	Description of Service

Can you drive? (circle one) Yes No

Do you have a car available for your use? Yes No

At what time(s) are you most readily available? _____

How did you hear about the Hospice program? _____

Why do you want to become a Hospice volunteer? _____

What does "Hospice" mean to you? _____

Do you have any medical problems that might restrict your ability to do specific services? Yes No

If "yes," please explain: _____

Are you able to make a one-year commitment to service in the Hospice program? Yes No

Comments: _____

Northfield Hospital & Clinics will conduct a criminal background check prior to your involvement as a volunteer.

I am voluntarily offering my services to Northfield Hospice with the understanding that there will be no monetary compensation.

Signature: _____ Date: _____

Please return completed form to:

Hospice Volunteer Coordinator

Northfield Hospice

2000 North Avenue

Northfield, MN 55057-1697

To be completed by Volunteer Coordinator:

Health Clearance (date): _____

Minnesota Background Study (date cleared): _____

Confidentiality Statement received: _____

Certificate of Completion (date): _____

Orientation Complete (date): _____