



Volunteer Application

Date: **Please Print**

Name:

Mailing Address:

City: State: Zip:

Phone: Email:

Cell Phone: Work Phone:

Occupation:

Availability (check all that apply): Weeknights Weekdays Weekends

Best time and method to contact you:

How did you hear about our volunteer programs?

What type of volunteer activities interest you? Please check all that apply.

Hospice Volunteer

- Visit patients and family members.
* 16 hours of training and background check required.

Pet Peace of Mind Volunteer

- Help Hospice patients care for their pets
* 16 hours of training and background check required.

Telemedicine Volunteer

- Set up telemedicine monitors in patient's home.
* 4 hours training and background check required.

Lap Robes

- Knit, crochet or quilt lap robes for Hospice patients.

Town Funding Volunteers

- Gather petition signatures for town funding.
- Represent VNAH at your town meeting.

"Good Day" Callers

- Call patients to monitor their status.

Outreach Volunteer

- Write letters to newspapers or legislators.
- Help to organize special events.
- Work on fundraising or marketing projects.

Flu & Wellness Clinic Volunteers

- Greet clinic patients.
- Assist the nurse and patients with paperwork.

Administrative Volunteer

- General clerical help.
- Data entry.
- Patient satisfaction phone calls.

Event Volunteers

- Help to staff VNA & Hospice events.

Bereavement Group Leaders

- Lead a grief support group.

Other special interests and talents _____

Please return this form to vnah@vnavnh.org, or mail to:

VNA & Hospice of VT and NH, Attn Community Relations, 66 Benning St. Suite 6, West Lebanon, NH 03784

VNA & Hospice Internal Use Only

Entered by:

Date:

Notes: