

HOSPICE at HCS, Inc.
P.O. Box 564, Keene, New Hampshire 03431

HOSPICE VOLUNTEER TRAINING INFORMATION SHEET

Name: _____ Date: _____
Last First

Address: _____
Street (Include P.O. Box, if appropriate)

Town State Zip Code

Email: _____ Telephone No. (Home): _____
Include Area Code
(Cell): _____ (Work): _____
Include area code Include area code and extension

Occupation: _____

Emergency Contact Name: _____ Phone: _____

Educational Background:

Dates

Dates

Dates

Work Experience:

Dates

Dates

Dates

Volunteer Experience:

Dates

Dates

Dates

Dates

(over)

HOSPICE VOLUNTEER TRAINING INFORMATION SHEET, continued

Clubs and organizations to which you belong: _____

Special Skills: _____

Foreign languages: _____

How did you hear about the volunteer training program? _____

What is your understanding of the hospice volunteer role? _____

Within the past year have you experienced the death of someone close to you? _____

There are many ways you can contribute as a Hospice Volunteer. These are limited only by your own creativity and unique interests and abilities. Possibilities include direct patient and family support, community education, clerical assistance, fund-raising and bereavement support. Please tell us how you would like to serve:

Signature

Date