

## Namaste Hospice Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_ Birthday: \_\_\_\_\_

Gender Pronouns: \_\_\_\_\_

**How did you hear about Namaste Hospice?**

### **Experience**

Education/Training/Professional Licensure:

Work Experience:

Volunteer Experience:

Special Skills/Talents (i.e. Healthcare, counselling, cooking, massage, art/music/other) and please describe briefly:

Language(s) Spoken:

Time Commitment: Our expectation is for volunteers to serve an average of 1 to 2 hours per week in mutually agreed capacities, and to commit to volunteering for at least one year. Are you able to meet that commitment?

Yes

No

Training: All volunteers are required to complete initial training and quarterly in-services throughout the year. Are you able to meet this commitment?

- Yes
- No

**Please check your area(s) of interest for volunteering:**

- Patient Companionship
- Writing Letters to Patients
- Pet Therapy (Dogs must be trained service animals)
- Patient pampering (i.e. doing hair, painting nails)
- Administration/Clerical
- Playing music
- Crafts
- Baking/Cooking
- Other. Please specify: \_\_\_\_\_

**References (Can be anyone you trust)**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relation? \_\_\_\_\_

**Transportation:**

Do you have a driver's license? (Yes/No): \_\_\_\_\_  
Do you have auto insurance (Yes/No): \_\_\_\_\_

Volunteer Signature (Electronic will suffice):

\_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:  
Kaziah White  
Volunteer Coordinator  
[volunteers@namaste-health.com](mailto:volunteers@namaste-health.com)