



WHEATLAND & AREA
Hospice Society

VOLUNTEER APPLICATION FORM

The Wheatland and Area Hospice Society is a not for profit organization that aspires to provide access to compassionate, high quality care at the end of life's journey. Our mission is to provide program and service to palliative patients, support to families and community, and the development of a hospice facility in our area.

Thank you for your considering our organization. Your volunteer efforts, big or small, now or in the future, are appreciated and help us increase the capacity of our community to care for one another.

Surname:		First Name	
Address:			
Telephone:			
Today's Date:			

Gender Female [] Male []

Age Group Under 18 [] 18-25 [] 26-40 [] 41-55 [] Over 55 []

Why do you want to volunteer with Wheatland and Area Hospice Society?

What do you hope to gain from your experience with us?

Please provide details of previous volunteer experiences — Organization, Time Period and Duties

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Summarize special skills and qualifications you have acquired through employment, previous volunteer work or through other activities such as hobbies, sports, etc.,

When are you available for volunteer assignments: Indicate Days/Hours (if known)

Mornings Afternoons Evenings Nights Weekdays Weekends

Number of hours available to work per week

1-5 10-20

Select an area you are interested in volunteering for
Programs for:

Patients Families Community

Events/Fund Raising:

Fund Raisers Behind the scenes Death Cafes Hike for Hospice

Administrative: Office Committees

How did you hear about volunteering opportunity? (please check one or more)

Word of mouth Newspaper Community Presentations

Friend Facebook Personal hospice experience

Other, Please specify _____

Thank you for completing this application form. It is the first step in expressing your interest in volunteering at Hospice. We value and respect our volunteers highly. This work could not be done without our volunteers.

Your signature below indicates your interest and commitment to volunteering with the Wheatland and Area Hospice Society.

Your signature provides us permission to include you in the WAHS non-voting membership

Signature

Date