



Family Comfort Hospice

Patient and Family First

Thank you for your interest in volunteering with Family Comfort Hospice. Please fill out this application in its entirety. Should you have any questions or concerns, please call our office at 480-745-3015. We are excited to have you join our team and help make a difference in our patients' lives!

Name: _____

Date of Birth: _____ Gender: _____

Street Address: _____

City, State- Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How should we contact you? Call Text Email

When should we contact you? Morning Afternoon Evening

Emergency Contact Name/ Phone: _____

What do you do for a living? _____

What areas are you interested in volunteering in? (Check all that apply.)

<input type="checkbox"/>	Providing Companionship	<input type="checkbox"/>	Crafting	<input type="checkbox"/>	Vigiling	<input type="checkbox"/>	Reading
<input type="checkbox"/>	Aiding caregivers (Respite)	<input type="checkbox"/>	Helping Assisted Living Facilities	<input type="checkbox"/>	Pet Walking	<input type="checkbox"/>	Playing Games
<input type="checkbox"/>	Singing & Music	<input type="checkbox"/>	Giving Manicures	<input type="checkbox"/>	Assistance with Errands	<input type="checkbox"/>	Administrative Help



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What is your availability?

How many hours a month are you interested in volunteering? _____

Why are you interested in volunteering for hospice at this time?

If you have experience as a hospice volunteer, please let us know: where you volunteered; how long you volunteered; and what type of work you enjoyed as a hospice volunteer.

What other volunteer experience have you had?

Do you know anyone whom you would recommend to be a hospice volunteer? If you would like us to contact them, please provide us with their name and phone or email. If you would like to bring them a flyer, please let us know below and we will provide you with as many as you would like.

Thank you for taking the time to fill out this application! Someone from our organization will be reaching out to you to further discuss this opportunity. You can return the application to us by email at volunteer@familycomforhospice.com or by fax at 480-745-3019.