

VNA Health Care Volunteer Application

Name of Applicant _____

Address _____
Street City Zip Code

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-Mail _____

Employer (if currently working): _____ Occupation _____

Can receive calls at work? Yes No Emergency Only

Person to be notified in an emergency: Name _____

Relation to Volunteer: _____ **Phone ()** _____

Address _____ **City** _____ **Zip** _____

Education/ Special Training (include dates and brief summary): _____

Work Experience (include dates and brief summary): _____

Volunteer Experience (include dates and summary): _____

Other Special Background/Skills/Experience (may include any affiliations or qualifications not listed above, e.g., musician, massage therapist, hair stylist, artist. etc.):

Do you know a language other than English? Yes No

Language _____ Speak Read Write

Language _____ Speak Read Write

Two Personal References (excluding family members). Please provide a complete address.

Name _____ Phone () _____

Address _____ City, State _____ Zip _____

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Name _____ Phone () _____

Address _____ City, State _____ Zip _____

AREAS OF INTEREST (Please check all that are of interest to you.)

- Baking
- Special Events (i.e., Holiday Parties, Health Fairs, Fundraisers, etc.)
- Crafts
- Clinics (Assisting in clinic waiting rooms/bilingual in Spanish is a plus)
- Administrative (Available at clinics and corporate offices)
- Visit with home bound patients
- Hospice (**Please complete section for Hospice Volunteers**)
- Monthly gift basket assembly/delivery to patients

Days and Hours you are available: _____

How were you referred to VNA?

- Newspaper _____
- TV or Radio _____
- Volunteer or employee _____
- Other (please specify) _____

Thank you for your interest in becoming a VNA Health Care volunteer and for your time and thought in completing this application.

Please return your application to:

VNA Health Care
Susan Tansey, Director of Events & Volunteers
400 N. Highland Avenue
Aurora, IL 60506

If you have any questions about the application, feel free to contact:

Susan Tansey, Director of Events & Volunteers
Phone: 630-482-8121 / Email: stansey@vnahealth.com

For office Use Only

Phone Interview: Scheduled _____ Completed _____

Comments _____

Signature _____

Permission/Release for Publicity Photographs

I hereby authorize VNA to take and use photographs of me for use in all forms of print and electronic marketing communications including TV and newspapers. By giving this consent I hereby expressly release from liability the agency and all personnel thereof. I understand that I waive the rights to the use of these photos and there is no consideration in terms of fees or wages for the use of these photos by VNA Health Care.

Date _____

Printed Name _____

Signature _____

Witness _____

Verbally interpreted in Spanish by _____ Date _____

I understand the above statement and it was translated to me:

Signature

Date



**THIS SECTION TO BE COMPLETED ONLY BY THOSE
INTERESTED IN BECOMING A HOSPICE VOLUNTEER**

Why do you want to be a hospice volunteer? _____

Has a family member or loved one ever been in hospice? _____

Have you ever spent time with someone who was very sick and/or dying? If so, please describe briefly

Have you recently experienced the death of a family member or loved one? If so, what was your relationship to this person and when did the death occur? _____

If you were told you only had six months to live, what would you do? _____
