



VOLUNTEER INTEREST FORM

Name: _____

Date: _____

Phone Number:(____)_____

Home Work Cellular

Address: _____

Email: _____

How did you hear about Notre Dame Hospice: Church _____

Friend Patient Clarion Herald Other _____

Best Method and Time to Contact You: _____

Why are you interested in becoming a hospice volunteer?

Have you ever been involved in hospice, nursing home or home care before?

Have you lost someone close to you within the last year? What was the relationship?

What talents/skills would you like to share with us? _____

Clergy Visits Vigils Sewing Meals Reading Donations Hairstylist

Translator Animal visits Clerical Work Housekeeping Transportation Playing Music

Prayer Partner Visiting Veterans Eucharistic Minister History/story recording

Prayer shawls/blanket Speaking Engagements Special/temporary projects Running/helping with errands

Massage Therapy Community Outreach Activities Bereavement/follow-up support services

I am not interested in direct patient care at this time. I would feel more comfortable providing support activities for Notre Dame Hospice.

Hospice Volunteer Training sessions are held on a regular basis. Hospice volunteer training is required before starting any volunteer assignment. We look forward to having you join us in our ministry.

Please submit this form to Janine Bonner or Melissa Meyers, Volunteer Coordinators.

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