

Rural Veteran Hospice Volunteer Interest Form

Date: _____

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

E-mail address: _____

Date rural hospice veteran training completed: _____

What type of veteran volunteering are you interested in? Please check all that apply.

_____ Patient/Family Care _____ Bereavement Team
_____ Recruiting Veteran Volunteers _____ Speakers Bureau

Would you be willing to provide transportation for Veterans? _____ Yes _____ No

If yes, what distance are you willing to travel? _____

Do you have a valid driver's license? _____ Yes _____ No

Do you have current car insurance? _____ Yes _____ No

Do you have access to a car? _____ Yes _____ No

Available time to volunteer:

_____ Mornings _____ Afternoons _____ Evenings _____ Weekends