

Sanford Bemidji Home Care and Hospice Volunteer Application Form

Personal Information:

Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Cell Phone _____ Work Phone: _____
Birth date: Month: _____ Day: _____ Church (to match with patient) _____
Drivers License Number: _____
Insurance Company: _____ Policy Number: _____
Insurance Agent: _____ Phone Number: _____

Occupational Information:

Occupation: _____ Employer: _____
____ RN ____ LPN Current License: ____ Yes ____ No License # _____

Volunteer Information:

Volunteer Experience/Other Involvements: _____

Days Available (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Times Available: _____ Mornings _____ Afternoons _____ Evenings
Would you be willing to stay all night occasionally so the family can sleep? ____ Yes ____ No
Are there any precautions regarding your health of which we should be aware (Information Confidential)?

Vision, hearing, lifting or physical restrictions (if yes, explain): ____ Yes ____ No

References we may contact with your permission:

Name: _____ Relationship to Applicant: _____
Address: _____
City: _____ State: _____ ZIP: _____
Occupation: _____ Phone Number: _____
Name: _____ Relationship to Applicant: _____
Address: _____
City: _____ State: _____ ZIP: _____
Occupation: _____ Phone Number: _____

I am interested in providing the following services:

Direct Care: _____ Patient Care (sit with hospice patient, socialization)
Non-direct Care: _____ Office work _____ Mailings _____ Photography _____ Music
_____ Computer _____ Library _____ Fundraising
Task Team: _____ Transportation Services _____ Errands

Signature: _____ Date: _____

For questions, contact Sanford Bemidji Home Care and Hospice at 218-333-5665