

VOLUNTEER INTEREST SURVEY

Thank you for expressing an interest becoming a volunteer for Hospice Southeastern Connecticut. Kindly complete this form and return it to:
Hospice Southeastern Connecticut
Volunteer Office
227 Dunham Street
Norwich, CT 06360
vol@hospicesect.org

All Hospice volunteers will attend an Orientation session.
Patient Care Volunteers complete an additional 5 session training course.

Name _____

Address _____

Home Phone _____ **Work Phone** _____

Email Address _____

I am interested in /could help in these areas: (please check **all** that apply)

PATIENT CARE SERVICES: requires completion of 24 hrs training

- ___ Respite Care in the patient's home
- ___ Friendly visitor/companion in nursing home
- ___ Life Review (assist patients in telling and recording their life story)

COMPLEMENTARY THERAPY

- ___ Massage Therapy
- ___ REIKI
- ___ Energy Work
- ___ Reflexology
- ___ Other _____

GENERAL ASSISTANCE

- ___ Transportation, to and from appointments, church...
- ___ Equipment delivery/pick up
- ___ Light Housekeeping
- ___ Meal Prep
- ___ Handyman Chores (Small repair jobs)
- ___ Errand Runner (grocery shopping; prescriptions; etc.)
- ___ Seasonal Yard-work
- ___ Food delivery

OFFICE ASSISTANCE

- ___ Typing / Computer data entry
- ___ Prepare Mailings
- ___ General office work
- ___ Conducting callback surveys with families

SPECIAL SKILLS, TALENTS

- ___ Pet Therapy (animals must be registered with Delta Society. We will provide information)
- ___ Public Speaking, community education
- ___ Hairdressing (licensed hairdresser to do simple cuts and sets in patient's homes)
- ___ Financial expertise
 - ___ Banking
 - ___ Insurance
 - ___ Assist with bills/invoices
- ___ Art talent (assist patients with art work)
- ___ Musical Talent
 - ___ I sing
 - ___ I play an instrument _____
- ___ Cards or games _____

FUND-RAISING

- ___ Special Events (Golf Tournament, Hospice Walk, Sailing Regattas)
- ___ Workplace fund-raising (assist us in organizing a fundraising event with your workplace management to benefit Hospice e.g. a dress down day)

BEREAVEMENT SERVICES (Prerequisite: completion of Patient Care Course)

- ___ Rose delivery (pick up donated rose at florist and deliver to family member after a patient dies)
- ___ Bereavement Contact (a separate volunteer program, with training provided through the Bereavement Services Office)

OTHER _____

AVAILABILITY

I expect to be available: **M T W Th F Sat Sun**
Hours **AM** **PM**

**We certainly do want to utilize your talents.
Thank you for your time!!!**