

Respite Care Volunteer Information

Please include days, times and areas where you prefer to volunteer:

Volunteer name _____

Home phone _____

Cell phone _____

Address _____

Email address _____

Availability preference _____

Hospice _____

Bereavement _____

Respite _____

Pediatric (Virtus Required) _____

Errands _____

Light housework _____

Training _____

Transportation (insurance information & copy of license required) _____

Additional qualifications _____

* Both hospice and respite services include companionship visit, sitting, reading, letter writing

* Bereavement services include family support and family visits (checking in) and possible assistance with funeral planning

INFORMATION CAN BE RETURNED TO THE RECTORY