



VOLUNTEER INTEREST FORM

Name: _____

Date: _____

Phone Number: (____) _____

Home Cell Work

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 being 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 would you like to share with us? _____

- Clergy Visits Vigils Sewing Meals Reading Donations
- Translator Animal visit Clerical work Housekeeping Transportation
- Playing music Prayer partner Visiting veterans Eucharistic Minister
- History/story recording Prayer shawls/blankets Speaking engagements
- Special/temporary projects Reiki/massage/acupuncture Community outreach activities
- Running/helping with errands Bereavement/follow-up support services
- I am not interested in direct patient contact at this time. I would feel more comfortable performing 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 form to Janine Bonner, Volunteer Coordinator. 113 Christian Lane, Slidell, LA 70458
jbonner@archdiocese-no.org • (985) 847-0174 office • (985) 649-0671 fax