



North Penn Visiting Nurse Association  
51 Medical Campus Drive ♦ Lansdale, PA 19446  
215-855-8297 ph ♦ 215-855-1305 fx ♦ www.npvna.org

### HOSPICE VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation/Former Occupation \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_ Telephone: \_\_\_\_\_

First emergency contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to emergency contact person \_\_\_\_\_

Second emergency contact person \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to emergency contact person: \_\_\_\_\_

Please tell us how you learned about volunteer opportunities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Please provide us with the name and telephone number of two persons or an organization that we may contact for a reference (not a relative):

\_\_\_\_\_

Do you speak a second language? \_\_\_ No \_\_\_ Yes

If yes, what language(s) \_\_\_\_\_

I am a licensed driver with a car. \_\_\_ No \_\_\_ Yes

(over)

I am available:

Weekdays

morning

afternoon

evening

Weekends

morning

afternoon

evening

I have/have not experienced the death of a significant person in the past year. (If you have, please make a brief statement about this experience.) \_\_\_\_\_

---

---

Please indicate any allergies or physical limitations that need to be taken into consideration when placing you with a patient (i.e, allergic to animals, smoke, unable to climb stairs, etc.) \_\_\_\_\_

---

---

---

.....

As a volunteer with the North Penn Visiting Nurse Association, I am aware that any information concerning the individual clients being served is to be held in strict confidence. As a volunteer, I understand that the North Penn Visiting Nurse Association, a charitable non-profit organization, cannot undertake financial responsibility for me for any accident in which I am involved while engaged in my volunteer duties. Therefore, I hereby release the North Penn Visiting Nurse Association, and any of their successors, from any liability for injuries I may incur in the performance of my volunteer duties for the North Penn Visiting Nurse Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date