



*"Grounded in faith, we promote the health and well-being of each individual we serve"*

## Volunteer Application

**General Information** Title: Mr.\_\_\_\_ Mrs.\_\_\_\_ Miss\_\_\_\_ Ms.\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Which do you prefer we use (circle one): Home phone Cell phone Email

Birthday (Month, Day, Year)\_\_\_\_\_

Did someone refer you to our volunteer program? If yes, who? \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Volunteer Experience** \_\_\_\_\_

\_\_\_\_\_

**Education/Special training/Skills** \_\_\_\_\_

\_\_\_\_\_

**Military Background, if applicable:** \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

References (please list two, personal or professional):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_



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**Volunteer Opportunities:** Please check all areas in which you are interested.

- Administrative/ Clerical – filing, folding, attaching labels, computer data entry, etc.
- Patient companionship – visiting, reading, etc with patient. Provide respite for family
- End of Life Vigil – companionship a patient during the last days/ hours of life
- Project – sewing, crafting, event support, etc.
- Veteran to Veteran – match a Veteran Volunteer with a Veteran patient
- Veteran Pinning – Veteran Volunteers who participate in Pinning Ceremony for Veteran patients
- Leaving a Legacy – assist patient in developing a legacy to leave for family members
- Pet Therapy – provide pet visits to patients in facilities in accordance with Hospice policy
- Bereavement – providing support to family member after death through visits, telephone calls, etc.

**Availability:** Please place an X for the days and hours you would like to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

*As a volunteer, I agree to abide by the policies and procedures set forth by Marquardt Hospice. All of the above information is true and correct to the best of my knowledge. I understand that providing false information on this application is reason for being denied or terminated as a volunteer. I understand that Marquardt Hospice requires a criminal/background check on volunteer applicants and I grant my permission for this check. It is my responsibility to report any changes to information provided on this application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

1045 Hill Street, Watertown, WI 53098  
 Sandi Budewitz, Volunteer Services Coordinator  
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 Email: [SBudewitz@MarquardtVillage.org](mailto:SBudewitz@MarquardtVillage.org)