



VISITING NURSE ASSOCIATION OF ERIE COUNTY
HOME HEALTH CARE AND HOSPICE. . . THERE WHEN YOU NEED US

1305 PEACH STREET

ERIE, PA 16501

814.454.2831

FAX: 814.453.5357

VNA VOLUNTEER APPLICATION

Thank you for your interest in becoming a VNA Hospice volunteer. Please complete this application. The following information will help us gain a better understanding of your abilities and interest, and will help us to best channel your energies and capabilities. Some of the questions may be personal and private, however, this information has proven most helpful to us in making volunteer assignments. Print out and send to VNA.

General Information

Name: Last _____ First _____ Middle Initial _____

Have you ever been known by another name? No Yes If yes, please explain:

Address : Street _____

City _____ State _____ ZIP _____

Phone number, including Area Code () _____

Cell phone _____ Email: _____

Are you employed ? Retired?

Employer _____

Telephone No. () _____

Occupation _____

Working Hours _____

Briefly describe the type of work you do:

Total number of hours per week you could be available for Hospice volunteering:

Daytime Evenings Weekends Other

Education and Skills

List those items which you believe could be helpful to you in hospice, i.e., schooling, work, lay experience, office skills, art and crafts.

Dates from/to:

Type of Experience or degree

_____	to _____	_____
_____	to _____	_____
_____	to _____	_____
_____	to _____	_____

Personal Information

Have you ever done any volunteer work? If yes please explain.

How did you hear about VNA Hospice?

Why do you wish to become involved with VNA/Hospice?

Have you had experience with the terminally ill or are you presently caring for a terminally ill patient? Yes No

If yes, explain: _____

Has someone close to you recently died? Yes No If yes, explain _____

Do you speak a foreign language? Yes No If yes, what language(s)? _____

Areas of Interest: (Please check areas of interest)

Patient Home Visits Special Events Support Groups Bereavement
 Teen Program Nursing Home Visits Office Work/Clerical Other

Please explain: _____

References: (Other than a family member)

1. Name _____
Address: _____
City _____ State _____ Zip _____
Telephone No.: _____

2. Name _____
Address: _____
City _____ State _____ Zip _____
Telephone No.: _____

Signature of Applicant

Date

Comments:

Things you should know. . .

- **All volunteers must have a criminal history investigation at no charge. You will be asked to complete a Criminal History form. Your social security number will be required.**
- **All volunteers at VNA of Erie County are required to have a yearly PPD (TB Test) at no charge to the volunteer.**
- **Volunteers who visit patients must complete special training which is provided by VNA at no charge to the volunteer.**

THANK YOU!