



Crystal Coast Hospice House Volunteer Profile (Non-Patient Care)

Crystal Coast Hospice House encourages the participation of volunteers who support our mission. If you are interested in becoming a CCHH volunteer we encourage you to please complete this form and return it to the Volunteer Coordinator or the CCHH Office. The information you provide on this form will be kept confidential and will help us to better serve you with volunteer opportunities that are available. Thank you for your interest in Crystal Coast Hospice House.

Name: _____ Age (if minor): _____

Address: _____

City _____ State _____ Zip _____

Email address _____

Phone: Home _____ Cell _____ Work _____

Employer: _____ Occupation/Position _____

Formal Education(highest grade/degree) _____

Why are you interested in becoming a CCHH Volunteer: _____

Please indicate days and times you are available to volunteer: (Indicate hours available under days available).

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Do you have any health related problems or limitations we should be aware of? Yes No

If yes, explain: _____

Are you able to provide your own transportation to volunteer assignments: Yes No

Please provide any previous volunteer experience, if any (use back side if needed)

1. Organization _____ Dates _____ to _____

2. Organization _____ Dates _____ to _____

Please check areas of interest:

- Clerical/Office assistance
- Event committees
- Fundraising
- Scrapbooking
- Decorating for holidays
- Special Events

Other: Please list any other areas of interest or special skills (graphic design, writing, photography, etc.) that may benefit CCHH:

Have you ever been convicted of a crime or felony? Yes No. If yes, please explain

Please list 2 references other than relatives.

| Name | Relationship | Phone | Email, if available |
|------|--------------|-------|---------------------|
| 1. | _____ | | |
| 2. | _____ | | |

In case of an Emergency

Contact: _____

Relationship: _____ Phone #: _____

As a volunteer for the Crystal Coast Hospice House I agree to abide by the organization's policies and understand that I will be volunteering at my own risk. The CCHH Board of Directors, employees, and affiliates will not assume any responsibility for an accident, injury, or health problem which may arise from volunteer work I perform for CCHH. As a volunteer, I further understand that I may obtain confidential and proprietary information, and by signing below covenant and agree that I will maintain as confidential all such information received as a volunteer. I authorize investigation of all statements contained herein and the references listed above to give any pertinent information they may have.

Signature: _____ Date _____

Signature of Parent/Guardian if Volunteer is a Minor:

_____ Date _____

Completed forms may be returned to info@cchhnc.org