



HOSPICE HOUSE
& Support Care of Williamsburg

4445 Powhatan Parkway, Williamsburg VA 23188 telephone: 757-253-1220 · fax: 757-253-2599 ·
www.williamsburghospice.org

Staff Notes

Volunteer Application

Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell phone: _____

Email: _____

In case of emergency, notify _____ Phone _____

Why are you interested in volunteering for Hospice House & Support Care of Williamsburg (HHSCW)?

Describe why you would be a good candidate for volunteering at HHSCW. Please include any education, work experience or specific skill sets.

All volunteers should be prepared to submit a written reference if asked; additionally, Patient and Family Support volunteers will be asked to consent to a State Background Check at the time of their training.

By signing my name below, I agree that the information provided is accurate. (Computer generated signature acceptable)

NAME

DATE

Please return completed application to: Diane Schwarz – Volunteers and Operations Director
dschwarz@williamsburghospice.org

Caring for people at the end of life, comforting the bereaved and empowering others to do the same
Community-supported since 1982 ♦ United Way partner agency ♦ Virginia Association of Hospices



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We are grateful for the support of all volunteers. Hospice House & Support Care of Williamsburg could not exist without the generous time and talent of so many volunteers. Thank you for your interest in supporting the organization and its mission.

PLEASE CHECK ALL CATEGORIES OF INTEREST

Training and time commitments vary depending on area of support or project

Patient/Family Support:

_____ Volunteers sit with a patients and families providing a caring presence with conversation or shared silence. Volunteers offer support to family members by providing respite time and responding to requests for information. Volunteers are scheduled for shifts at Hospice House and/or can be assigned to a hospice individual residing in their own home to provide companionship for the individual and respite for their family caregivers.

Staff and Facility Support:

_____ Telephone and Reception _____ Office Projects _____ General House Maintenance and Repairs
_____ Gardens/Grounds Maintenance (planting, pruning, weeding, watering, etc.) _____ Bird Bath and Feeder Upkeep
_____ Computer Projects - Data Entry or projects in Word, Excel, Power Point or Publisher
_____ Shopping for groceries or house hold items (Volunteer will be reimbursed)

Event Support: - Volunteers assist with fundraising events, support groups and memorial and celebration programs

_____ Providing food for Programs. Support Groups and Events _____ Taking Photographs (using personal camera)
_____ Ushers/Greeters _____ Set up, Serving and Clean-Up _____ Assisting with Parking/Traffic Control
_____ Running Errands _____ Raffle Item Solicitation _____ Hike for Hospice House planning and implementation
_____ Volunteer Appreciation Event planning and implementation

Music Support:

_____ Providing Music at Memorial Programs _____ Providing Music at Hospice House on Sunday afternoons
If interested, please list the musical instrument you play _____

Community Outreach Support:

_____ Tours of the house and grounds _____ Presentations in the community

Bereavement Support:

_____ Flower Delivery _____ Follow-up Group _____ Walking and Social Group Leaders _____ Field Education

*Note: Field Education is for approved students only.