



141 E. State St., Wellsville, NY 14895
 Phone/Fax 585-596-1045

Hart Comfort House

VOLUNTEER APPLICATION

Last Name	First Name	MI
Phone	Cell Phone	
Email		
Street / PO Box		
City / Zip Code		
Date of birth		

The Hart Comfort House strives to create and maintain a safe, welcoming, and compassionate environment for our residents and their families. Our operation depends greatly on the generosity and skill of our volunteers. We assure you that what you receive in volunteering will far outweigh what you put in. We also ask that you reflect on the level of commitment you are willing and able to make to being a volunteer. We ask that our resident care volunteers commit to a minimum of one 4 hour shifts a month. Some areas of volunteering are flexible, while others carry an expectation that we can rely on you to be responsible to care for our residents. We thank you for choosing to volunteer with us, and welcome you to our family.

GENERAL AVAILABILITY

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
8am – 12pm							
12pm – 4pm							
4pm – 8pm							
8pm – 12am							
12am – 8am							

Present Occupation: _____

Employer: _____

Work Phone: _____

Please describe any medical or care-providing experience you have, including degrees and certifications:

Have you had personal experience with the process of death and dying? Please share briefly:

What particular strengths and skills do you believe you bring to the Hart Comfort House?

Are there any physical limitations or considerations that you would like us to be aware of so that we can support you as a volunteer?

What are some of your interests and hobbies?

Please provide the names and contact information for two personal references:

1) _____

2) _____

Person to contact in the event of an emergency:

Last Name	First Name	MI
Phone	Cell Phone	
Email		
Street / PO Box		
City / Zip Code		

How did you hear about this volunteer opportunity? _____

By signing this volunteer application you give consent for references to be called and for a background check to be conducted.

Name: _____ Date: _____