

Heart of the Redwoods COMMUNITY HOSPICE

Volunteer Interest and Contact Information

Name: _____

Address: _____

Phone: _____

Location (neighborhood) where you live: _____

Driver's license (if driving others): _____

Insurance: _____

Experience or training in caregiving: _____

Areas of Interest--check those that apply:

attending (sitting with someone)

shopping

errands

driving to appointments Local? Eureka?

plan/ prepare meals

bathing

dressing

housecleaning

yard work

maintenance

pet care

be part of a monthly support group

other: