



**P.O. Box 408**  
**531 Lewis Ave.**  
**La Junta, CO 81050**  
**Office: 719-384-8827**  
**Fax: 719-384-2045**  
**[www.arkvalleyhospice.org](http://www.arkvalleyhospice.org)**

### Auxiliary/Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_ Veteran ☐ No ☐ Yes, Branch? \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Why are you interested in Volunteering for Hospice? \_\_\_\_\_

Have you experienced any recent losses? \_\_\_\_\_

Hobbies, interests, special skills, etc. \_\_\_\_\_

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning:							
Afternoon:							
Evening:							

Comments \_\_\_\_\_

#### **Areas of interest :**

- |                                      |                                      |                                            |                                           |
|--------------------------------------|--------------------------------------|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Home Visits | <input type="checkbox"/> Office Work | <input type="checkbox"/> Marketing         | <input type="checkbox"/> Fund Raising     |
| <input type="checkbox"/> Meal Makers | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Veterans programs | <input type="checkbox"/> Special Projects |



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### References:

Please name three people who are not family that we may contact for a personal reference. All information must be complete in order to process. Please print clearly.

Name:	Address:	Phone:	Relationship:

Please check boxes for all areas you would like to Volunteer

- |                                    |                                 |                                     |                                     |                                   |
|------------------------------------|---------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Crowley   | <input type="checkbox"/> Fowler | <input type="checkbox"/> Eads       | <input type="checkbox"/> Las Animas | <input type="checkbox"/> La Junta |
| <input type="checkbox"/> Manzanola | <input type="checkbox"/> Ordway | <input type="checkbox"/> Rocky Ford | <input type="checkbox"/> Sugar City | <input type="checkbox"/> Swink    |

Any further information you would like us to know:

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\*All Volunteers will be required to have a Tuberculosis test and background check. We will need a current copy of your Social Security Card, Driver's License, and car insurance. We will obtain information from DORA, State of Colorado\*

Signature\_\_\_\_\_

Date\_\_\_\_\_