

Ways to Volunteer

Patient Support/Family Assistance

- Respite (sit with patient while caregiver takes a break or runs errands)
- Friendly Visits, Pet Visits (companionship, play games/cards, read to patient, etc)
- Veteran-to-Veteran (companionship to fellow veterans, We Honor Veterans ceremonies)
- Care Calls (make friendly calls to patient, medication reminders, bereavement calls to families)
- Gift of Presence (quietly sit in 2-3 hour shift with an actively dying patient)
- Talents/Skills (foreign language translation, play instrument, sing, group activities at assisted living facilities, etc)
- Polidori House (greet guests, answer phones, sit with patients, cook, fold laundry, etc)
- Support Groups (co-facilitate grief support, care-giver support groups when requested)
- Music & Memory (Create and upload individual playlists to mp3 players for dementia patients; multiple associated tasks)

Medication/Mail Delivery Driver

Pick up & deliver medications for patients & mail for office

Resale Store

Price and hang clothing, restock merchandise, manage assigned area, etc.

Administration

- Filing/Scanning
- Fold/label/stuff mailings, write cards/letters for patients
- Assemble folders, misc. office projects (as needed)
- Assist with volunteer trainings/orientations.
- Emergency preparedness assistance/phone tree call assistance

Crafters

- Make crafts for annual sale; jewelry, sewn crafts, quilts, kitchen décor, holiday, etc
- Make patient items such as pillows, tube covers, fidget mats, walker bags, adult bibs

Events

Work at craft sales, health fairs, golf tournaments, fund raisers, raffle ticket sales, etc.

Lake Havasu City | Fort Mohave/Bullhead City
928-453-2111 | www.HospiceHavasuu.org

Hospice of Havasu is committed to protecting the privacy of patients, staff and volunteers. Telephone numbers and e-mails will NOT be shared with anyone, including other staff and volunteers. Hospice of Havasu is an Equal Opportunity Employer. Volunteers will be considered regardless of race, color, religion, age, gender, disability, marital or veteran status, national origin, pursuant to Title IV of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; and the Age Discrimination Act of 1975.

TOUCHING LIVES LIFTING SPIRITS



Volunteer Application

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Tell us about yourself

Full Name_____

Preferred Name _____

For your Volunteer ID badge

Address:

Are you a year-round resident? No☐ Yes ☐

If“no”, list second address:

Phone _____

May we text this number? No☐ Yes ☐

Mailing Address (If different from above):

Email: _____

Your e-mail address will NOT be shared.

Are you a veteran? If so, what branch? _____

Current or previous job(s). Briefly describe the type of jobs you held, and your skills that could benefit patients and families.

Have you been convicted of a felony in the past ten years?

Hospice of Havasu has a long-standing commitment to the safety and welfare of our patients and staff. We want to ensure that everyone entering a patient’s home has been thoroughly screened.

If you answered ‘YES’ please briefly explain:

List two non-family references and their phone numbers.

I am willing to be tested for illegal drug or alcohol use.

Hospice of Havasu proudly supports a drug and alcohol free workplace, to ensure a safe environment for the community, staff and patients. The testing is done by a professional testing firm, at no cost to you. Results are kept confidential.

I agree to a background check.

Hospice of Havasu uses a professional firm to conduct a routine background check on all staff and volunteers. The information is kept strictly confidential. The background check is NOT a credit check and only public records are searched. This is also part of our long-standing commitment to the safety and welfare of staff and patients.

Signature

Date