

LAKE SUPERIOR HOSPICE
914 W. Baraga Ave.
Marquette, MI 49855
VOLUNTEER QUESTIONNAIRE
Volunteer Coordinator: Lolly Mager
(906) 225-7760

Name: _____ Application Date: _____

Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Email) _____

Age: _____ Date of Birth: _____ Gender: _____

In Case of Emergency Call: _____ (H) _____ (W) _____

Occupation: _____

Place of Employment: _____

Regular Working Hours: _____ May we contact you at work? Yes No

Are you comfortable visiting patients in Nursing Homes? Yes No

Are there any areas of Hospice you prefer to be active in?

Office Work Respite Care Transportation Social Visit Monthly Bereavement Visits Cleaning Cooking
Spiritual

Are there any area of Hospice you prefer not to be active in?

Office Work Respite Care Transportation Social Visit Monthly Bereavement Visits Cleaning Cooking
Spiritual

Do you have any special skills, degrees or licenses? If so, please list: _____

What are your social and leisure time activities? _____

Do you have a membership in any community organization? If yes, which ones: _____

Have you had any type of recent losses? Please describe: _____

What led you to pursue volunteer work at Lake Superior Hospice? _____

Please list two references _____