

Volunteering for hospice is a very rewarding experience. Hospice volunteers are an essential part of a hospice team. If you are interested in joining us, please complete and return this application to the address on the back panel. Please feel free to call us with any questions.

*“I became a hospice volunteer because I believe strongly in community-based hospice services.”*

*“I volunteer because I enjoy giving of my time helping others. Volunteering has been a big part of my life since retiring.”*

*“In a small way, I feel I make a difference.”*

*“I had a very dear friend pass at the hospice and felt like I was doing it for her.”*

*“Knowing that my small contribution [at the Resale Store] helped provide money to the hospice made my volunteer job worth it.”*

*“I’ve been blessed by the whole Sharon S. Richardson Community Hospice experience.”*



WE HONOR VETERANS

**Sharon S. Richardson**

COMMUNITY HOSPICE



CARING FOR OUR COMMUNITY

W2850 State Road 28  
Sheboygan Falls, WI 53085  
920.467.1800

4411 Calumet Ave, Suite 4  
Manitowoc WI 54220  
920.374.4180

Toll-free: 866.467.2011  
volunteer@ssrhospicehome.org  
www.ssrhospicehome.org



RICHARDSON HOSPICE  
RESALE STORE

Richardson Hospice Resale Store  
W1130 Plankview Green Blvd  
Sheboygan Falls, WI 53085  
920.550.2114



Sharon S. Richardson Community Hospice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-920-467-1800. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-920-467-1800.

**Sharon S. Richardson**

COMMUNITY HOSPICE



CARING FOR OUR COMMUNITY

**VOLUNTEER  
WITH US!**



**Our Promise is to provide  
compassionate care and quality  
of life to all those in need.**

# Volunteer Application

The Sharon S. Richardson Community Hospice Team truly appreciates your interest in volunteering.  
(Please complete all questions. Information provided is kept confidential.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_

How did you learn about volunteering at the Sharon S. Richardson Community Hospice?  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak a foreign language?  Yes  No List: \_\_\_\_\_

Do you know sign language?  Yes  No Are you a veteran?  Yes  No

Do you have any computer skills?  Yes  No

Have you experienced the loss of a loved one in the last 12 months?  Yes  No

If yes, what was the relationship? \_\_\_\_\_

Did you have a friend/relative who is/was a hospice patient?  Yes  No

Have you ever been a caregiver for someone who has died?  Yes  No

Previous Volunteer Experiences (start with most current): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Skills/Hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Patient Care

- Bereavement
- Pet Therapy
- Patient Visits
- Spa Services
- We Honor Veterans Program
- Compassionate Vigil (NODA)

## Support Services

- Clerical/Administrative
- Special Events
- Music Therapy
- Master Gardener or Floral
- Reception / Concierge

## Resale Store

- Cashier
- Customer Service
- Merchandising
- Donations

Please provide three personal references: Name - Phone Number -Email - Relationship (References may not be related to you)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*SSRCH is mandated by law to perform caregiver background checks. Every applicant will be required to pass a background check and attend orientation prior to becoming a volunteer.*