



**Respite Care Volunteer**  
**Information**

Please include days, times and areas where you prefer to volunteer:

Volunteer name \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Availability preference \_\_\_\_\_

Hospice \_\_\_\_\_

Bereavement \_\_\_\_\_

Respite \_\_\_\_\_

Pediatric (Virtus Required) \_\_\_\_\_

Errands \_\_\_\_\_

Light housework \_\_\_\_\_

Training \_\_\_\_\_

Transportation (insurance information & copy of license required) \_\_\_\_\_

Additional qualifications \_\_\_\_\_

\* Both hospice and respite services include companionship visit, sitting, reading, letter writing \*  
Bereavement services include family support and family visits (checking in) and possible assistance with funeral planning.

**PLEASE RETURN COMPLETED FORM TO THE PARISH OFFICE, 4008 PRAIRIE AVE., BROOKFIELD**