

CROSSROADS HOUSE VOLUNTEER APPLICATION
P.O. BOX 403 11 Liberty Street BATAVIA, NY 14021
(585) 343-3892

1. Name _____ DOB ____/____/____
(optional)
2. Address _____
City _____ State _____ Zip _____
3. Email Address _____
4. Phone (h) _____ (w) _____ (c) _____
5. Have you volunteered before? YES NO If yes, please list organizations, length of involvement and duties.
6. Why do you want to become a Crossroads House volunteer?
7. Have you ever been a primary caregiver for someone who was dying or chronically ill? Please explain.
8. What special talents/abilities/strengths do you feel that you have that would be an asset to Crossroads House?
9. What are your favorite hobbies/fun interests?
10. Have you had any experience with death and dying or other types of personal loss? How recently?
11. Do you have any health problems or physical limitations we should be aware of?
12. Please check all areas of volunteering you are interested in:
 Direct patient care (training provided): Emotional/Spiritual support for resident and family/friends (hospitality, companionship, diversion, encouragement, presence, listening, supporting faith traditions).
 Household needs (dishes, cleaning, cooking, laundry, etc...) Office work
 Running errands, shopping, picking up meds, etc. Yard maintenance
 Equipment and appliance maintenance Serving on the board of directors
 Organizational help (inventory of food/medical supplies, telephone calling, scheduling, etc.)
 Helping with fundraisers
 Other (please describe) _____

(continued on other side)

