

How Would YOU Enjoy to Volunteer?!

Direct Care

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|---|---|--|
| <input type="checkbox"/> Read | <input type="checkbox"/> Color | <input type="checkbox"/> Read Bible |
| <input type="checkbox"/> Sing | <input type="checkbox"/> Do hair | <input type="checkbox"/> Pray |
| <input type="checkbox"/> Paint | <input type="checkbox"/> Paint nails | <input type="checkbox"/> Sing hymns |
| <input type="checkbox"/> Wheel around facility | <input type="checkbox"/> Garden | <input type="checkbox"/> Communion |
| <input type="checkbox"/> Sit with patient | <input type="checkbox"/> Puzzle | <input type="checkbox"/> Read Devotions |
| <input type="checkbox"/> Lotion hands / Massage | <input type="checkbox"/> Play instrument | <input type="checkbox"/> Bring patient to appointments |
| <input type="checkbox"/> Decorate for holidays | <input type="checkbox"/> Make food / treats | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Write notes / Cards | <input type="checkbox"/> Light housekeeping | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Deliver food / treats | <input type="checkbox"/> Haircut | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Play games | <input type="checkbox"/> Companionship | <input type="checkbox"/> Other _____ |

Indirect Care

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|---|--------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Office Phone Calls | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Yard Work | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Home Repair | <input type="checkbox"/> Other _____ |

Heirlooms for Hospice

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|--|---|
| <input type="checkbox"/> Cleaning / Organizing | <input type="checkbox"/> Pricing Inventory |
| <input type="checkbox"/> Cash Register | <input type="checkbox"/> Key Holder |
| <input type="checkbox"/> Donation Pick Ups | <input type="checkbox"/> Furniture Repair / Restoration |
| <input type="checkbox"/> Estate Sale Preparation | <input type="checkbox"/> Other _____ |

Volunteer Signature _____

Date _____