



Horizon Health Hospice
Volunteer Enrollment Form
26814 143rd Street
Pierz, MN 56364
(320) 468-6451



Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Birthday: _____

Education/Training/Work Experience: _____

Interests and Preferences

Administrative: _____ Direct Care: _____ Homemaking: _____

Transportation: _____ Other: _____

Is there something you would LOVE to do? _____

Is there something you do NOT want to do? _____

Days: _____

Hours: _____

Driver's License #: _____ Insurance Company: _____

In Case of Emergency, Notify: _____ Phone: _____

Address: _____ Relationship: _____

Please provide two references:

1. _____

2. _____