



17 Gierlach St
Buffalo, NY 14212

Volunteer Application

First name/Last name _____

DOB _____

Home address _____

City _____ State _____

Zip Code _____

Email Address _____ Mobile phone _____

Home phone or business _____ BEST TIME TO CALL _____

What roles are you interested in at the Sloan Comfort Care Home?

- Direct care to resident (we will train and would like to have all volunteers feel as comfortable as possible in caring for our guests)
- End of life Doula (future trainings will be scheduled)
- Household needs
- Office Work
- Fundraising
- Social Media

How did you find out about us?

Tell us a little about yourself: Why are you interested in volunteering at the Sloan Comfort Care Home?

What special skills will you bring to the Home?

Have you ever cared for someone who is at the end of life?

All volunteers will be oriented to the Home and work with other staff on the role you have chosen. Is there anything that concerns you?

What days are best for you to volunteer?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What times are you available?

- 08-12p
- 12-4p
- 4p-8p
- 8p-12am

- 12am to 0400 am**

Night Shifts are greatly appreciated, the house is safe, cozy, a great place to do homework or relax. Hospice Nurses are on call 24 hours so you are never alone!

- 12am to 8am**

We take all precautions for COVID 19 awareness and prevention. Please note you will need to wear appropriate PPE to protect yourself and others. All resident guests are screened before admission.

Please kindly provide 2 references

Name_____ Phone_____

Name_____ Phone_____

We appreciate your interest! Please return this application to the Sloan Comfort Care Home and you will be contacted by our team to schedule a tour/interview.

Completed applications can also be emailed to sloancch@gmail.com

Warm regards and thank you for applying!

[SLOAN COMFORT CARE HOME TEAM](#)

[716 931 5011](tel:7169315011)

