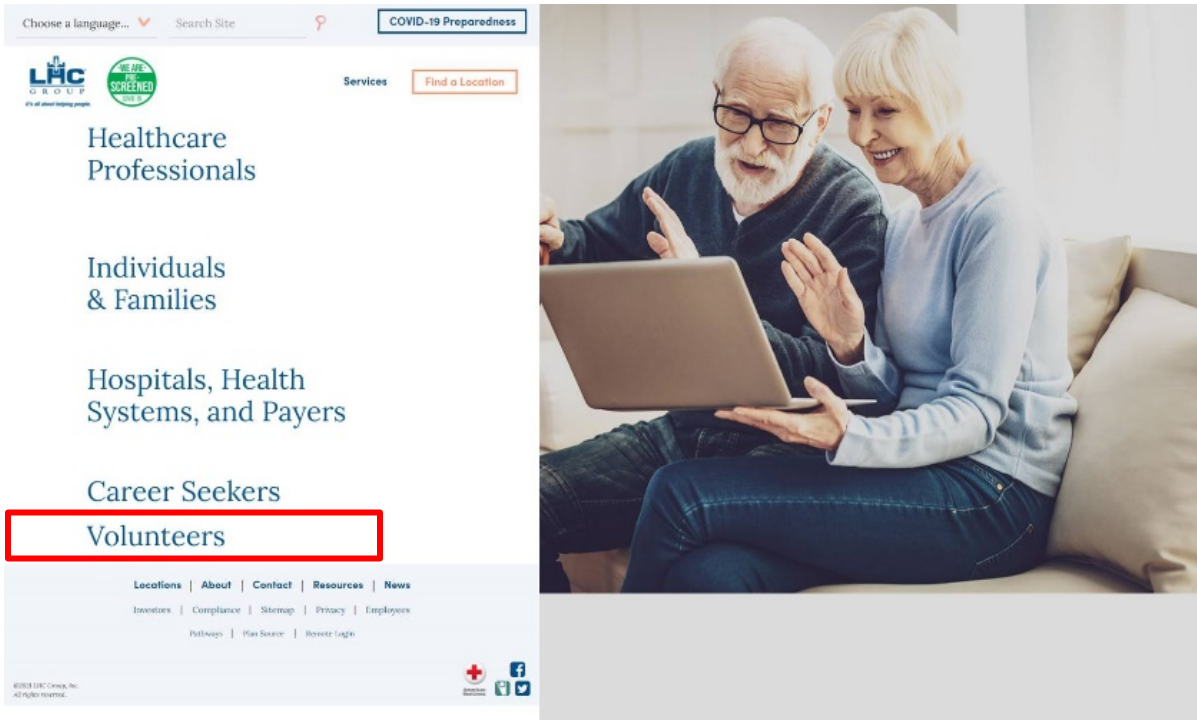


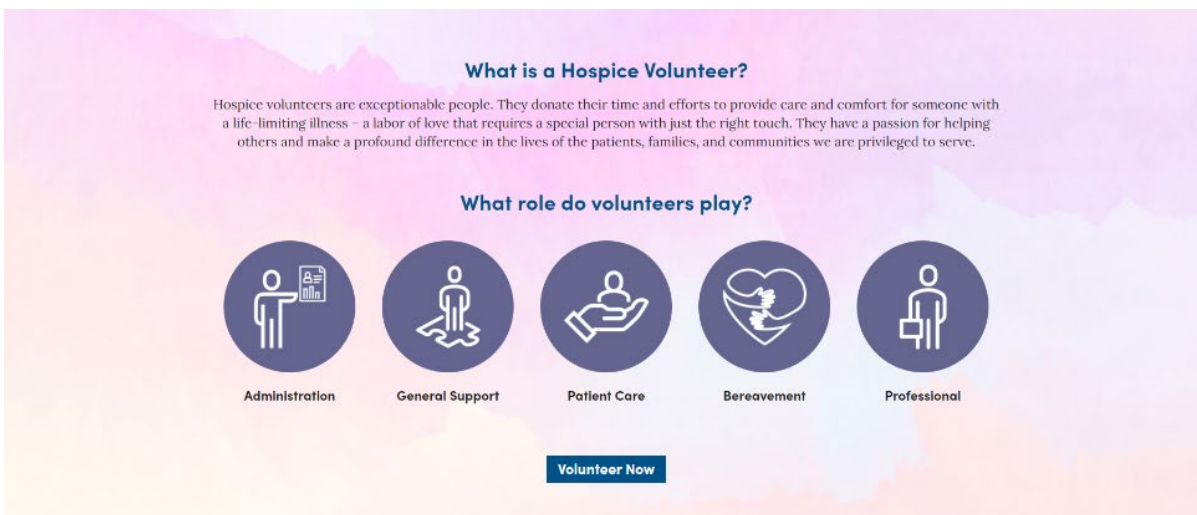
The following is provided to make your online application experience easier.

Call the agency volunteer manager _____ at _____ for assistance at any time.

1. Go to the LHC Group Home Page at www.LHCGroup.com and click on **Volunteers**.



Or go directly to the Volunteer page at - <https://lhcgroupp.com/become-a-hospice-volunteer/>



- You may click **Volunteer Now** link, or you may choose to scroll down through the page and click on the **Apply Now** button.



- Search for the Volunteer Opportunities in your area – Select Location in the dropdown. (While the term **Job** is used, this is a volunteer position.)

Volunteer Opportunities

Here are our current volunteer openings. Please click on the volunteer title for more information.

Use this form to perform another job search

Start your volunteer role search here

Start your volunteer role search here

All Keywords Any Keywords

Location

(All)

Sort By

- Click **search**.

- After identifying the Location, click on **Hospice Volunteer** - to see a general role description.

All Keywords Any Keywords

Category: (All) Position Type: (All) Location: AL-Anniston

Search Results Page 1 of 1

Sort By:

US-AL-Anniston

[Hospice Volunteer](#)

The volunteer plays a vital role in enhancing the quality of care delivered to the patient and family through patient/family care activities or administrative activities that support the hospice agency's goal of quality patient/family care. Alabama Hospice Care of East Alabama, a part of LHC Group, is the preferred post-acute care partner for hospitals, physicians and families nationwide. From home health and hospice care ...

Requisition ID 2021-116971 **Position Type** PRN

6. If there is more than one location in a city and state, confirm the location now. If you intended to apply to the other one, click the back button. You may volunteer at more than one LHC group location. If desired, let the volunteer manager know.
7. Select **Apply for this job online** for this Volunteer position.

Hospice Volunteer

Requisition ID 2022-138530 📍 Casa Hospice at the Hacienda - Tucson AZ

Overview

The volunteer plays a vital role in enhancing the quality of care delivered to the patient and family through patient/family care activities or administrative activities that support the hospice agency's goal of quality patient/family care.

LHC Group is the preferred post-acute care partner for hospitals, physicians and families nationwide. From home health and hospice care to long-term acute care and community-based services, we deliver

[Apply for this Volunteer Role](#)

[Email this Opportunity to a friend](#)

Share on your newsfeed

8. Complete all fields marked with an *, to complete your Candidate Profile, so our Hospice team may contact you, then click **Submit Profile** and continue with the application.

A field marked with * indicates that the information is required.
* indicates a required field.

Disclaimer and Terms

Agreement to Disclaimer and Terms*

— Make a Selection —

Enter your information

First Name* Middle Name Last Name*

Email

Phones (1)*

Type* Number*

[Add More \(Phones\)](#)

Addresses (1)*

Type* Address* Address 2

City* Zip/Postal Code* State/Province* — Make a Selection —

[Add More \(Addresses\)](#)

Application Information

Please share any additional information and someone will be in touch:

[Submit Profile](#)

Note: (If a **Similar Name** Notice is received, reach out to the local office of interest for assistance.)

9. Veterans are an important part of our team. You will be asked Veteran status. This is optional.

VOLUNTARY SELF-IDENTIFICATION OF VETERAN STATUS

Why are you being asked to complete this form?
1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of

10. Click the Signature **checkbox** when present.

Signature

(checking the checkbox above is equivalent to a handwritten signature)

11. Click **Submit**.

12. Individuals of all abilities are an important part of our team. You will be asked of Disability status. This is optional.

Form CC-305 **Voluntary Self-Identification of Disability** OMB Control Number 1250-0005 Expires 05/31/2023
Name _____ Date _____

13. Click the Signature **checkbox** when present.

Signature

(checking the checkbox above is equivalent to a handwritten signature)

14. Click **Submit**.

You will see the following -

Your application was submitted successfully. Thank you for applying.

You are currently submitted to this job.

Thank you!

One of our hospice team members will contact you to answer any questions you have regarding hospice volunteering and continue with onboarding and orientation to this valuable experience.