

Date: _____

Thank you for your interest in becoming a Hospice volunteer. The following information will provide us with a clear understanding of your abilities and interests and will help us to best channel your energies and capabilities. This information will prove most helpful in making volunteer assignments.

General Information: Name (Last, First, MI)		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Street, City, State)		Telephone No.
Employer (if applicable)		Telephone No.

Occupation	Position	Working Hours
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Briefly describe type of work you do: _____

Have you ever worked for HCR Manor Care? Yes No If yes, detail: _____

Have you ever volunteered with Heartland Hospice before? Yes No If yes, detail: _____

Total number of hours per week you could be available for hospice volunteering:
 Daytime _____ Evenings _____ Weekends _____ Other _____

Education: (List those items which you believe could be helpful to you in hospice, i.e. schooling, work, lay experience, office skills, arts and crafts)

Date	Type of Experience

Personal Information:
Have you done any volunteer work? _____

How did you hear about Hospice? _____

Why do you wish to volunteer for Hospice? _____

Personal Information (cont'd.):

Have you had experience with terminally ill people? Yes No If yes, explain:

Do you speak any foreign language? Yes No What? _____

List any licenses/certifications you currently hold: _____

Do you have transportation for your hospice volunteer work Yes No

What strengths do you bring to Heartland Hospice? _____

Areas of Interest: (Please check areas of interest.)

Patient Related Services

- | | |
|--|---|
| <input type="checkbox"/> Relieve Primary Caregiver | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Bathing, Dressing |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Feeding |
| <input type="checkbox"/> Write Letters | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Homemaking Chores | <input type="checkbox"/> Home Repair & Special Services |

Non-direct Patient Related Services

- | | |
|---|---|
| <input type="checkbox"/> Hospice Office Work | <input type="checkbox"/> Housing for Visiting Relatives |
| <input type="checkbox"/> Mass Mailings | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Hostessing for Hospice Gatherings | <input type="checkbox"/> Writing Letters |
| <input type="checkbox"/> Babysitting for Hospice Volunteer's Children | <input type="checkbox"/> Telephoning |

1. Have you ever been convicted and/or been found by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating patients or of misappropriating patients property in this state or in any other state? If so, please describe the offense, the date and place of the conviction and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer.
 Yes No
2. Have you ever been convicted of (1) felony, (2) cruelty to persons, or (3) assault of a victim sixty years of age or older? If so please describe the offense, the date of the conviction and the underlying circumstances or other information to help us evaluate you current fitness to become a volunteer.
 Yes No
3. Have you ever been sanctioned by a healthcare licensing agency in this or another state or in any other United States or foreign jurisdiction? If so, please identify the nature and the date of the action, the licensing agency involved, and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer.
 Yes No

"I herby certify that I have not been convicted and/or found guilty of patient abuse, neglect, or mistreatment, or misappropriation of patient property in this state or in any state and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer to become a volunteer by Heartland Home Health Care & Hospice is conditional upon verification of this information with the state patient abuse registry and that a listing on such a registry or registries of any other state may act as an automatic withdrawal of any such offer to become a volunteer."

I understand that Heartland Home Health Care and Hospice requires a thorough background investigation for all potential volunteers. This investigation is limited to only that information required to determine fitness for volunteering and may include, but is not limited to: past employment history verification, job performance, disciplinary record, financial/credit history, and a criminal background investigation. By affixing my signature to this document I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

Signature of Applicant _____ Date: _____

In Case of Emergency:

Contact (Name) _____ Telephone No _____

Physician _____ Telephone No _____