

Compassionate Care Hospice Volunteer Application (Please Print)



Compassionate Care Hospice
Committed to Quality of Life

We are an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

I. Personal Information

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ EMAIL ADDRESS _____
PRESENT ADDRESS _____ HOME PHONE NUMBER _____
PERMANENT ADDRESS (if different than above) _____ CELL PHONE NUMBER _____
PREFERRED METHOD OF CONTACT: ___PHONE ___E-MAIL ___CELL NUMBER

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, green card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination.

II. Interests:

- | | | |
|---|--|--|
| <input type="checkbox"/> Patient/Family Care | <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Professional Services (i.e., attorney, hair stylist, notary, interpreter) |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Clinical (i.e., Massage therapist, reiki massage, music therapy, art therapy) | |
| <input type="checkbox"/> Long Term Care | | |
| <input type="checkbox"/> Inpatient unit (NJ/DE) | <input type="checkbox"/> Certified Pet Visitors | |
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Handcrafts (knit, crochet, sew, etc.) | |
| <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Special Events | |

Please describe any work or other experience which you feel has prepared you to be a Hospice Volunteer:

Please briefly explain any significant losses you have experienced that influence your review of death and dying. Include when these losses occurred and your relationship to the deceased.

III. Educational History (Check the level of highest education completed.)

- High School College Graduate School
 Post Graduate Other

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IV. Employment

Occupation (or former occupation, if retired): _____
Company Name _____
Address _____

V. Professional Licenses and/or Certifications

VI. Personal References (Please do not include Relatives), must be at least 2:

Name _____ Yrs. Known _____
Address _____
Telephone _____ Occupation _____

Name _____ Yrs. Known _____
Address _____
Telephone _____ Occupation _____

Name _____ Yrs. Known _____
Address _____
Telephone _____ Occupation _____

VII. Availability

I am available to volunteer (Check all that apply.):

Mornings Afternoons Evenings
 Weekdays Weekends

When would you be able to start? _____

VIII. Person to contact in case of Emergency

Name _____ Relationship _____
Daytime Phone _____ Cell Phone _____ Night Phone _____
Address _____

Have you ever been convicted of a felony?

Yes No

If yes, please explain below:

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By signing this application for volunteer employment, I agree to CCH accessing the following information and to submitting and providing all necessary information for a criminal background check and DMV record. If any of the information I provide in this application is not truthful and I am employed by CCH, CCH may terminate me at any time without notice.

Additionally, I attest by signing this application that I am not ineligible or about to become ineligible as defined by the Office of the Inspector General, as:

- a) Anyone who is currently excluded, debarred or otherwise ineligible to participate in federal health care program or in Federal procurement or non-procurement programs; or
- b) Has been convicted of a criminal offense that falls within the scope 42 U.S.C. § 1320a -7(a), but has not yet been excluded, debarred or suspended.

Applicant's Signature _____ Date _____

Volunteer opportunities are open to all qualified applicants without regard to race, color, religion, sex, national origin, age, handicap/disability or Veteran status.