

Grace Hospice Volunteer Application

Thank you for your interest in becoming a volunteer with Grace Hospice. In order to better serve our patients and their families, this application was developed specifically for our Hospice Program. Some of the questions may seem personal or private, however this information has proven to be most helpful in making volunteer assignments.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency Contact: _____

E-mail address: _____

Marital Status: Single Married Divorced Widowed (how long _____)

How did you learn of Grace Hospice? _____

Volunteer Experience

Agency	City/State	Duties	Supervisor	Dates

Work Experience (most recent first)

Employer	City/State	Title	Dates

Education

School	City/State	Years Studied	Degree/Diploma	Date

List any professional licenses (include type and license #): _____

Describe any special training, apprenticeship, skills (such as languages spoken other than English), or other activities that you feel may be helpful as a volunteer:

Please check the boxes below, indicating which type(s) of volunteer duties you would be interested in:

Direct Patient Care Activities – working directly with the patients and their families (may include patient visitation, caregiver respite, telephone contacts, errands, etc.)

Indirect Patient Activities – not working directly with the patients (may include yard work, pet care, light construction, sewing, baking, treats/gifts, projects, etc.)

Administrative Activities (may include typing, mailings, filing, phone support, copying, faxing, special projects, etc.)

What is your availability to fulfill your volunteer commitment?

Monday am/pm

Friday am/pm

Tuesday am/pm

Saturday am/pm

Wednesday am/pm

Sunday am/pm

Thursday am/pm

Please state briefly your reasons for wanting to be involved with hospice:

Please write briefly about your personal experience with significant losses (deaths, divorce, etc.). For deaths, please indicate the relationship, dates and state your level of involvement:

Have you ever been convicted of a felony *? Yes ___ No ___

If so, please provide information regarding type and date felony occurred:

*Note: Disclosure of this information will not necessarily preclude you from becoming a volunteer with our organization.



IN THE EVENT OF AN EMERGENCY

EMPLOYEE NAME: _____

PRIMARY CONTACT INFORMATION:	
NAME: _____	
ADDRESS: _____	
PHONE NUMBER: _____	OTHER NUMBER _____
RELATIONSHIP: _____	

ALTERNATE CONTACT INFORMATION:	
NAME: _____	
ADDRESS: _____	
PHONE NUMBER: _____	OTHER NUMBER: _____
RELATIONSHIP: _____	

VOLUNTEER

NAME:

DATE OF HIRE:

The **Volunteer** provides assistance in the hospice's ancillary and office activities as well as in direct patient care services, and/or help patients and families with household chores, shopping, and companionship.

QUALIFICATIONS:

- A. Volunteers qualified to provide professional services must meet all standards associated with their specialty area.
- B. High school graduate preferred
- C. Be able to read, write, and comprehend English.
- D. Has the mental and physical health necessary to meet the demands of the position.
- E. Has excellent written and verbal communication skills.
- F. Must have reliable transportation.
- G. Have satisfactorily passed Agency pre-employment testing.

DUTIES:

- A. Attend and successfully complete the organizations volunteer orientation, which shall include instruction/training on the following:
 - 1. Their duties and responsibilities;
 - 2. The persons to whom they report
 - 3. The person(s) to contact should they need assistance and instructions regarding performance of their duties and responsibilities;
 - 4. Hospice goals, services, and philosophy;
 - 5. Confidentiality and protection of the patient's and family's rights;
 - 6. Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death and bereavement;

7. Procedures to be followed in an emergency, or following the death of the patient; and
 8. Guidance related specifically to individual responsibility.
- B. Assume and perform the volunteer activities as outlined in A. 1.-8.
 - C. Attend and successfully complete additional agency training which is consistent with the specific task the volunteer performs.
 - D. Will communicate appropriately with patient, family and agency staff.
 - E. Will adhere to agency's policies and procedures.
 - F. Will understand and apply basic infection control principles and procedures. Will contact supervisor with any concerns related to infection control.
 - G. Provide assistance in the agency's ancillary and office activities, if applicable.
 - H. Perform additional duties as assigned.

REPORTS TO: VOLUNTEER COORDINATOR

The above listed job description has been reviewed and discussed with me and I have had an opportunity to ask questions regarding same.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

DATE

Grace Hospice
Volunteer Reference Request

Name of reference _____ Date _____

Address: _____ City: _____ Zip: _____

(Name of potential volunteer) _____ is interested in becoming a volunteer with Grace Hospice, and has supplied your name as a reference. Could you please complete the brief questionnaire below and return it in the enclosed envelope? We appreciate your response and will keep your comments strictly confidential.

Thank you,

Volunteer Coordinator

.....

What is your relationship to this person? _____

How long have you been acquainted with him/her? _____

Which of the following qualities does this person possess? (Please check all that apply)

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Reliable | <input type="checkbox"/> Maintains Confidentiality | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Responsible | <input type="checkbox"/> Stable |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Respectful of others' beliefs | <input type="checkbox"/> Compassionate |

Other _____

Would you recommend this person to help hospice patients and their families? Yes No

Would you recommend them to help with our office work? Yes No

Any other comments? _____

Signature _____ Date _____

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Volunteer Reference Request

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Signature _____ Date _____