

**Name of Applicant**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_ Other \_\_\_\_\_  
Social Security # \_\_\_\_\_  
E-mail \_\_\_\_\_

**Two Personal References**

(excluding family members). Please provide a complete address, as references are verified by mail.

**Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_ Other \_\_\_\_\_  
E-mail \_\_\_\_\_

**Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work# \_\_\_\_\_  
Cell # \_\_\_\_\_ Other \_\_\_\_\_  
E-mail \_\_\_\_\_

How did you hear about our Hospice volunteer program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a hospice volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills, talents, knowledge, and/or experiences do you feel you can incorporate into your hospice volunteer work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of volunteering interests you?

- Abider  Bereavement
- Youth Groups  Send a Wish
- Administrative  Arts & Crafts Groups
- "No One Dies Alone" Companion
- Alternative/Complementary Therapy

**Consent to Driving Record Review For Direct Care Volunteers**

In consideration of Life Choice Hospice's review of my application for volunteering, I consent to having my driving record reviewed. I hereby release any individual, entity, and Life Choice Hospice, Inc. from all claims or liabilities that might arise from that review or the disclosure of its results, including claims under any federal, state, or local civil rights laws, and any claims for defamation or invasion of privacy.

License # \_\_\_\_\_ State \_\_\_\_\_

**Applicant Signature**

**Date**

**Consent to Criminal Background Check for Direct Care Volunteers**

I understand that as part of the volunteer requirements, a Criminal Background check will be conducted on me with the report to be furnished to Life Choice Hospice. The information requested and provided on this form will only be used for purposes of completing any required background check in compliance with New Jersey law.

- I have been a resident of New Jersey for the entire two years (without interruption) immediately preceding the date of application.
- I have not resided or been a resident of New Jersey for the entire two years (without interruption) immediately preceding the date of application. Until such time that the criminal history report submitted to the facility, not in excess of the time permitted by law, the volunteer will be considered a provisional volunteer.

To be completed by those who have not resided or been a resident of New Jersey for the entire two years (without interruption) immediately preceding the date of application. List previous residences (other than in New Jersey) Please continue list if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Applicant**

**Applicant is required to complete questionnaire and sign and date the following:**

Anyone convicted of a felony in New Jersey or any other jurisdiction is disqualified from volunteering for Life Choice. By my signature below I swear and affirm that I have never been convicted of a felony in New Jersey or any other jurisdiction.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

**Applicant’s Statement**

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this Volunteer Application as may be necessary in arriving at a decision. This Volunteer Application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means that the Volunteer may resign at any time and that Life Choice may discharge a Volunteer at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of acceptance for Volunteer work with Life Choice Hospice, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Life Choice Hospice.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Notes**

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