



HOSPICE

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Last Name:

First Name:

Street Address:

City:

State:

Zip:

Best way to contact you: ☐ Home ☐ Cell ☐ Business ☐ E-mail

Phone Number (specify): _____

Alternative Phone (specify): _____

E-mail Address: _____

Employer _____ Occupation _____

Can receive calls at work ☐ Yes ☐ No ☐ Emergency only

Phone Number : _____

Person to be notified in an emergency:

Name _____ Phone () _____

Address _____ City _____ Zip _____

Military Service: Please provide the following information to help us serve our veteran patients.

Are you active duty military or a veteran? ☐ No ☐ Yes; branch & rank _____

Education/Special Training _____

Work Related Experience _____

Two Personal References (excluding family members)

Name _____ Phone () _____

Address _____ City _____ Zip _____

Name _____ Phone () _____

Address _____ City _____ Zip _____

Type of Volunteer Position Desired (please check all that apply)☐ Direct Patient Care ☐ Veterans Program ☐ Office/Clerical ☐ Community Outreach☐ Special Projects ☐ Vigil ☐ Music ☐ Other _____**Do you currently have any professional license or certificate? (ie: RN, MSW, MFT, Massage Therapy, Reiki, etc.)**☐ No ☐ Yes : License Type: _____ License #: _____ Exp. Date: _____**Indicate days and times you are available to volunteer (please complete table below)**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Preferred travel radius (one way): Within ☐ 30 miles ☐ 20 miles ☐ 10 milesDo you Know a language other than English? ☐ Yes ☐ NoLanguage _____ ☐ Speak ☐ Read ☐ WriteLanguage _____ ☐ Speak ☐ Read ☐ WriteDo you have access to transportation? ☐ Yes ☐ NoAre you 18 yrs of age or older? ☐ Yes ☐ NoHave you ever applied to our company before? ☐ Yes ☐ No If so when?Have you ever worked for this company? ☐ Yes ☐ No If so when?

If yes above, reason for leaving:

Do you have any relatives or friends who work for the Company? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes explain: _____

How did you hear about our hospice volunteer program? _____

Why do you want to be a hospice volunteer? _____

What qualities (*skills, talents, knowledge, and experience*) Do you feel that you can incorporate into your hospice volunteer work? _____

Death and Dying

What are your thoughts and feelings about death? _____

Have you ever been with someone at the time of their death? ☐ Yes ☐ No

If yes, please describe briefly: _____

Have you ever provided care to someone who was dying? ☐ Yes ☐ No

If yes, please explain: _____

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting the hospice is confidential.

I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

Declaration

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with hospice.

Application Signature

Date