

The below information may be used to cross check volunteer reference letter, or may be used for phone reference.

**Business or Personal References (can be personal: 2 references needed)**

Name	Address and Phone Number	Firm Name, Address and Phone Number	Position or Occupation	How Long Known

List below the names of relatives employed by this company and their relationship to you:

\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends and neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact may be justification for refusal of acceptance as a volunteer, or dismissal without advance notice.

In the event I am accepted I understand that all volunteers are subject to termination at the discretion of the company. If, in the event I choose to voluntarily stop volunteering, I am free to do so at any time.

In the event of my acceptance as a volunteer, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees and volunteers. I agree to respect the client's confidentiality. I will attend orientation and training, and I understand that I will begin service on a reciprocal trial basis.

I also understand that my acceptance is conditional upon my satisfactorily passing a physical examination and/or drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant unless I meet all stated minimum qualifications required for a volunteer.

I have read the above statements and accept them as conditions to volunteering with the company

\_\_\_\_\_  
Signature of Applicant Date

Effective : \_\_\_\_\_  
(month/year)

## VOLUNTEER VOLUNTARY SKILLS FORM

The Hospice Volunteer program often receives requests for volunteers with specific skills or abilities to speak a particular language or perform a specific job trade, for example. If there is a need for volunteer recruitment in a particular area, this form is designed to provide the information Hospice needs to carry out the work it does. **Providing any or all of the information listed below is strictly voluntary, and all information is confidential.**

### Organizations You Belong To

\_\_\_\_\_ B'nai B'rith  
\_\_\_\_\_ Eastern Star  
\_\_\_\_\_ Exchange Club  
\_\_\_\_\_ Junior League  
\_\_\_\_\_ Knights of Columbus  
\_\_\_\_\_ Lions Club  
\_\_\_\_\_ Order of Masons  
\_\_\_\_\_ Retired Firepersons  
\_\_\_\_\_ Retired Policepersons  
\_\_\_\_\_ Rotary  
\_\_\_\_\_ Veteran  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

### Your Profession

\_\_\_\_\_ Attorney  
\_\_\_\_\_ Educator  
\_\_\_\_\_ Administrator  
\_\_\_\_\_ Researcher  
\_\_\_\_\_ Engineer  
\_\_\_\_\_ Physician  
\_\_\_\_\_ Clergy  
\_\_\_\_\_ Child Care Worker  
\_\_\_\_\_ Musician  
\_\_\_\_\_ Artist  
\_\_\_\_\_ Librarian  
\_\_\_\_\_ Fireperson  
\_\_\_\_\_ Policeperson  
\_\_\_\_\_ Architect  
\_\_\_\_\_ LPN  
\_\_\_\_\_ RN  
\_\_\_\_\_ HHA, Certified  
\_\_\_\_\_ Social Worker  
\_\_\_\_\_ Public Relations  
\_\_\_\_\_ Grant Writer  
\_\_\_\_\_ Insurance  
\_\_\_\_\_ Sales  
\_\_\_\_\_ Finance  
\_\_\_\_\_ Secretarial/Clerical  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

### Your Skills

\_\_\_\_\_ Dactology  
\_\_\_\_\_ Carpentry  
\_\_\_\_\_ Electrical  
\_\_\_\_\_ Plumbing  
\_\_\_\_\_ Gardening  
\_\_\_\_\_ Painting  
\_\_\_\_\_ Sewing  
\_\_\_\_\_ Calligraphy  
\_\_\_\_\_ Pet Care  
\_\_\_\_\_ Hair Care  
\_\_\_\_\_ Nail Care  
\_\_\_\_\_ House Cleaner  
\_\_\_\_\_ Other (explain) \_\_\_\_\_  
\_\_\_\_\_ Foreign Language \_\_\_\_\_

### Office Skills

\_\_\_\_\_ Clerical  
\_\_\_\_\_ Computers  
\_\_\_\_\_ Data Entry  
\_\_\_\_\_ Reception  
\_\_\_\_\_ Bulk Mailing  
\_\_\_\_\_ Questionnaires  
\_\_\_\_\_ Record Keeping  
\_\_\_\_\_ Insurance  
\_\_\_\_\_ Taxes  
\_\_\_\_\_ Medicare/Medicaid  
\_\_\_\_\_ Switchboard  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

### Your Volunteer Interest

\_\_\_\_\_ Administrative  
\_\_\_\_\_ Patient Care  
\_\_\_\_\_ Bereavement  
\_\_\_\_\_ Professional  
\_\_\_\_\_ Community Outreach  
\_\_\_\_\_ Other: \_\_\_\_\_

Have you ever pleaded guilty to, or been convicted of a criminal offense      Yes      No

If yes, give dates and circumstances \_\_\_\_\_

**CONVICTIONS:** A Conviction does not automatically mean you will be unable to volunteer. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are all important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

**GENERAL**

Are you currently, or have you ever been, suspended, debarred or otherwise excluded from participation in any federal or state health care program?    Yes    No    Have you ever been involuntarily discharged from a position?    Yes    No

If yes, give dates and circumstances \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE**

Please complete the below if you have volunteered for a year or longer at an agency. This information may be used for an additional reference.

**Name of Organization** \_\_\_\_\_      **Type of Work** \_\_\_\_\_

Other Experience, Skills or Interests? \_\_\_\_\_

**Pre-Interview Questions:**

1. Why do you want to be a volunteer with Odyssey HealthCare? \_\_\_\_\_

2. Have you experienced a death of a loved one within the past year? \_\_\_\_\_

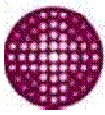
3. How far are you willing to drive to visit a patient or to your assignment? \_\_\_\_\_

For statistical and/or assignment purpose only

<b>EDUCATION</b>	<b>Print Name, City and State for Each School Listed</b>	<b>Type of Course/Major</b>	<b>Graduate?</b>	<b>Degree Received</b>
College				
Trade, Bus., Night, On-Line or Correspondence Schooling.				

**HEALTH**

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company?      Yes      No



# VOLUNTEER APPLICATION

**PLEASE READ BEFORE COMPLETING THIS APPLICATION**

This company does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, gender, sexual orientation, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but receipt does not imply you will be accepted. Volunteer consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

**(ANSWER ALL QUESTIONS COMPLETELY.)**

## PERSONAL DATA

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone: Home \_\_\_\_\_  
(Street) (City) (State) (Zip) Mobile: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone: Business \_\_\_\_\_

E-mail address; if you check it at least weekly: \_\_\_\_\_

Other names used in prior employment \_\_\_\_\_

## GENERAL

Applying for position as: Volunteer Date available to start \_\_\_\_\_

What time(s) during the week do you wish to volunteer? \_\_\_\_\_

Volunteer Services Preferred: Hospice Home Patient Care Hospice Nursing Home  
Patient Care Hospice Bereavement Clerical Hospital Visits Other \_\_\_\_\_

Do you have access to a car? \_\_\_\_\_ If Yes, Do you carry personal liability insurance? \_\_\_\_\_

Company's Name & Policy Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

How were you referred to our company?

Employee Advertisement School Drop-in Agency Internet Other

Name of referral source indicated above \_\_\_\_\_