

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	E-MAIL 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"/> Home Care
<input type="checkbox"/> Long Term Care | <input type="checkbox"/> Administrative/Office
<input type="checkbox"/> Clinical (e.g. Massage Therapist, Reiki Massage, Music Therapy, Art Therapy) | <input type="checkbox"/> Professional Services (e.g. attorney, hair stylist, notary, interpreter) |
| <input type="checkbox"/> Inpatient unit (NJ/DEL)
<input type="checkbox"/> Patient Care
<input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Certified Pet Visitors
<input type="checkbox"/> Handcrafts (knit, crochet, sew, etc.)
<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 views 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

IV. Employment

Occupation (or former occupation if retired): _____

Company Name _____

Address _____

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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? _____

V. 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) _____

Sworn Statement: I certify that the information contained in this application is true and complete to the best of my knowledge and acknowledge that any misrepresentation, falsification or omission herein shall be sufficient reason for dismissal from or refusal of Volunteer Services.

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.