

VOLUNTEER APPLICATION

Please Print

Name of Applicant _____ Birthdate (for birthday card list only) _____

Address _____

City _____ Zip _____

Home Phone () _____ Work Phone () _____

Employer _____ Occupation _____

Can receive calls at work? Yes No Emergency Only

Person to be notified in an emergency:

Name _____ Phone () _____

Address _____ City _____ Zip _____

Education/Special Training _____

Work Experience _____

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

Name _____ Phone () _____

Address _____ City _____ Zip _____

Name _____ Phone () _____

Address _____ City _____ Zip _____

Identified Areas of Interest:

Patient/Family Care

In Home In Nursing Home In Facility Personal Care Meal Delivery Alternative Therapies

Bereavement

Caller Home Visits Support Group Co-Facilitator Office/Clerical Memorial Service Committee

Non-Patient Services

Clerical Fundraising Mailings Events Marketing Courier Switchboard Data Entry

Do you know a language other than English? Yes No

Language _____ Speak Read Write

Language _____ Speak Read Write

Other special services: (manicurist, hairdresser, masseuse, etc.)

VOLUNTEER APPLICATION (cont.)

How did you hear about our hospice volunteer program? _____

Why do you want to be a hospice volunteer? _____

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

Death and Dying:

What are your 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 anyone who was dying? Yes No

If yes, please explain _____

When thinking of your own death, what words best describe death to you?

- I do not think about my own death
- sorrowful
- natural
- frightening
- painful
- lonely
- joyful
- heavy
- peaceful
- dark

Other: _____

Comments: _____

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.

Applicant Signature _____

Date _____