

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment (volunteering) on the basis of race, color, religion, national origin, sex, disability, age, or veteran status and any other applicable laws. Your completed application will be reviewed carefully. However, applying for Volunteer opportunities does not guarantee acceptance into this program. Volunteer consideration necessitates that you meet all minimum qualifications and requirements for the applied position.

Personal Information (Please Print)

Name: _____ Phone/Cell#: _____

Address: _____

Email: _____ Date of Birth: _____
(For birthday card list only)

Employer: _____ Full Time Part Time

Employer Address: _____ Business Phone: _____

Emergency Contact: _____ Phone/Cell#: _____

Are you over the age of 18? YES NO If NO, are you at least 16 years of age? YES NO

General Information

How were you referred to our company: _____

When are you available to volunteer? Weekday(s) Weekend(s) School Year Other _____

Previous Volunteer Experience

Organization: _____ Type of Work: _____

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Education

High School Associate's Degree Some College Bachelor's Degree Master's Degree Post Graduate Other _____

Education/Special Training: _____

Work Experience: _____

Do you speak a foreign language? YES NO Specify _____

Are you an active service member/Veteran? YES NO Specify _____

Other skills / interests _____

References (Professional or personal - excluding family members)

Name	Address	Phone/cell#	Relation	Time Known

Volunteer Position Preferred (Please check box(es) to indicate type of Volunteer Support interest(s) & check box(es) for specific areas of interest)

- Patient Support** (Direct Volunteer - TB Skin test & Physical REQUIRED)
- Companionship Socialization Caregiver relief
 - Light household chores Assistance with meal prep
 - Spiritual Bereavement Emotional support
 - Veteran Volunteers Enrichment services (art/music)
 - Special Events at a patient facility

- Administrative Support** (Indirect Volunteer)
- Data Entry Filing Copying
 - Assistance with mailings
 - Special Events Memorial Service

Other _____

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 HomeCare 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 HomeCare Hospice.

Print Name

Signature

Date
