



Essence
Of Life
Hospice
Amana, Iowa

Volunteer Application

Please Print

Name of Applicant: _____ Birthday (for card list only): _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Occupation: _____

Can receive calls at work? ☐ Yes ☐ No ☐ Only in Emergencies Work Number: _____

Person to be notified in case of an emergency:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Education/Special Training: _____

Work Experience: _____

Two Personal References: (excluding family members) Please provide a complete address and/or Email.

Name: _____ Phone: _____

Email: _____

Address: _____ City: _____ Zip: _____

Name: _____ Phone: _____

Email: _____

Address: _____ City: _____ Zip: _____

Identified Areas of Interest

Patient/Family Care-----

☐ In Home ☐ Nursing Home ☐ Facility ☐ Transportation ☐ Meal Delivery ☐ Errands

Bereavement-----

☐ Caller ☐ Home Visits ☐ Support Groups ☐ Transportation ☐ Office/Clerical ☐ Memorial Services

Administrative-----

☐ Clerical ☐ Mailings ☐ Marketing Folders ☐ Making Packets ☐ Events ☐ Tuck In Caller

Do you know a language other than English? ☐ Yes ☐ No

Language: _____ ☐ Speak ☐ Read ☐ Write

Language: _____ ☐ Speak ☐ Read ☐ Write

Other Special Services/Skills/Interests: _____

Do you have access to transportation? ☐ Yes ☐ No

How did you hear about Essence of Life Hospice? _____

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 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 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: _____

VOLUNTEER CODE OF ETHICS

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 Essence of Life 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 Essence of Life Hospice.

Applicant Signature: _____ Date: _____