

# 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:** (non-patient does not require 30 hour education course)

**Patient/Family Care**

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

**Bereavement**

- Caller  Home Visits  Support Group Co-Facilitator  Transportation  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.)

Do you have access to transportation?  Yes  No

# 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 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: \_\_\_\_\_  
\_\_\_\_\_

## 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 \_\_\_\_\_