



Volunteer Application

Name: _____ Today's Date: _____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Email: _____

Employer: _____ Occupation: _____

Can you receive calls at work? ☐ Yes ☐ No ☐ Emergency Only

Person to be notified in an emergency:

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Veteran/Branch: _____

Education/Special Training: _____

Work Experience: _____

Professional Reference:

Name: _____ Company: _____

Phone: (____) _____ Email: _____

Two Personal References (excluding family members):

Name: _____ Phone: (____) _____

Email: _____

Name: _____ Phone: (____) _____

Email: _____

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

If yes, please list dates, charges and locations: _____

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

Language: _____ ☐ Speak ☐ Read ☐ Write

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:

Have you ever provided care to someone who was dying? ☐ Yes ☐ No

If yes, please describe briefly: _____

Have you ever been with someone at the time of their death? ☐ Yes ☐ No

If yes, please describe briefly: _____

What are your thoughts and feelings about death? _____

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 hospice volunteer. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with hospice.

Applicant Signature

Date