

HOSPICE VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best number to reach: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you: A veteran? \_\_\_YES \_\_\_ NO Family member of one who served in the military? \_\_\_YES \_\_\_ NO

Volunteer/Work Experience:

Company: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Your Role: \_\_\_\_\_

Company: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Your Role: \_\_\_\_\_

Special Knowledge and Experience /Training / Skills / Talents / Interests/ Certifications or Licenses:

Areas of interest (circle all that apply):

- Patient visitor                      Sit Vigil                      Veteran-to-Veteran Visitor
- Bereavement Support Caller                      Support Group Co-facilitator
- Office assistance - Please specify clerical and/or computer: \_\_\_\_\_
- Special Events/Memorial Service Committee                      Other: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you experienced any major life changes in the past year? \_\_\_ No \_\_\_ Yes

If yes, please explain on the reverse side of this page.

Where did you learn of this opportunity? \_\_\_\_\_

Please provide personal references who have known you for 2 years or more and can speak to your ability to serve as a hospice volunteer. Do not include family members.

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

.....

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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.

***Understand that any information that is disclosed to me while assisting the hospice is confidential.***

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

I interpret “volunteer” to mean that I have agreed to work without compensation in money. Being accepted as a volunteer worker, I expect to do my work according to the standards set forth in the **Volunteer Policies and Procedures**.

I expressly waive and release any and all claims which the undersigned may otherwise have by reason of any accident, injury or condition which may be occasioned by the undersigned as a result of my ability and capacity to perform as a hospice volunteer. The company, its agent, officers, and employees are hereby released and discharged from liability for any such claims, demands or damages by the undersigned.

**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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_