



Local Professionals Caring for Local Patients
and their Families

Volunteer Application (please print)

Name of Applicant _____

Address _____

City _____ Zip _____

Home Phone () _____ Work () _____ Cell () _____

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 _____

Do you know a language other than English? Yes No

Language _____ Speak Read Write

Other special services: (manicurist, hairdresser, masseuse, etc.)

Do you have access to transportation? Yes No

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 feeling 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: _____

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