

Volunteer Application

Please print

Name of Applicant _____ Birthday _____
Address _____
City _____ Zip _____
Home Phone () _____ Cell () _____

Employer _____ Occupation _____
Can receive calls at work: Yes No Emergency Only

Person to be notified in an emergency:

Name _____ Relationship _____ 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:

Patient/Family Care: In Home In Nursing Home

Bereavement: Caller Office/Clerical

Non-Patient Services: Clerical Fundraiser Mailings Events

How did you hear about our hospice volunteer program? _____

Why do you want to be a hospice volunteer? _____

What qualities (skills, talents, knowledge, and experience) do you feel you can incorporate into 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)

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

1/1/2025