

# 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 \_\_\_\_\_ 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