

Volunteer Application

Date of Interview: _____
Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Best time to contact: _____ Best method to contact: _____
Emergency Contact: _____
Relationship: _____ Phone: _____

Volunteer Position and Preference

Are you applying for a professional position (licensed)? Yes No
If yes, which position: _____ is your license current? Yes No
If no, which roles are you interested?
Direct patient volunteer role: Yes No
Administrative volunteer role: Yes No
Bereavement volunteer role: Yes No

What is your availability?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Frequency: More than 1 time/week 1 time/week 2 times/month 1 time/month
 Other: _____

Do you wish to limit your volunteer commitment? 3 Mo 6 Mo 12 Mo Indefinite

Work/Volunteer Experience and Education

Do you have any previous volunteer experience (including terminally ill)? Yes No

Please describe education, skills and abilities which may be beneficial in the role you are applying for:

Language and Culture

Please list other languages or alternative communication skills (i.e. sign language) you may have: N/A

Skills and Talents

I have the following areas of experience or expertise to share as a hospice volunteer:

Direct Patient:

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Art at the bedside for individual patients | <input type="checkbox"/> Household chores, for example: |
| <input type="checkbox"/> Companion vigils (11th hour volunteers) | <input type="checkbox"/> Mowing lawn |
| <input type="checkbox"/> Companionship (in home, in person) | <input type="checkbox"/> Walking dog |
| <input type="checkbox"/> Life review and life history | <input type="checkbox"/> Music at the bedside for individual patients |
| <input type="checkbox"/> Pet Therapy for individual patients | <input type="checkbox"/> Respite |

Administrative:

- | | |
|-------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Answering telephones | <input type="checkbox"/> Data entry of records |
| <input type="checkbox"/> Assisting with patient mailings | <input type="checkbox"/> Auditing |
| <input type="checkbox"/> Copying | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Developing and packaging patient information packets | |

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Bereavement (history of counseling if direct bereavement patient/family otherwise administrative):

- Composing bereavement notes
- In-home/in-person family time
- Telephone contact

General Requirements

- | | |
|---------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Current Driver's License | <input type="checkbox"/> Check Nurse Aide Registry |
| <input type="checkbox"/> Current Auto Insurance | <input type="checkbox"/> Check Employee Misconduct Registry |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Check State and Federal OIG |
| <input type="checkbox"/> 2 References | |

Additional Comments:

I certify all statements made on this form are complete, true and correct. I understand any false information on this application will be cause for termination as a volunteer.

Signature: _____ Date: _____

Pre-Employment Interview:

- Position not offered
- Position not accepted
- Position offered after approval:

Volunteer Coordinator: _____ Date: _____

Supervising Nurse: _____ Date: _____

Administrator: _____ Date: _____