Friends Of Hospice/Serenity House
Volunteer Application

Name: _____

Date of Birth: _____ Level of Education: _____

Address: _____

City: _____ Zip:_____

Phone #:_____ Cell Home Work

Alternative Phone #: _____ Cell Home Work

Email Address: _____

Emergency Contact Person: _____

Relationship: _____ Phone #: _____

Shirt Size: S M L XL 2X 3X 4X

How did you hear about Friends of Hospice/Serenity House? _____

_____

_____

Why would you like to volunteer for Friends of Hospice? _____

_____

_____

Have you ever worked as a volunteer before? _____ yes _____ no

If yes, please share organizations, length of involvement and duties performed:

_____

_____

_____

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Employment History - please provide for past 3 years of employment

Name of Employer	Dates of Employment
_____	_____
_____	_____
_____	_____

What hobbies do you enjoy? _____

_____

_____

What experience have you had with hospice, death, dying, and/or bereavement? _____

_____

_____

_____

Please share any concerns, fears or apprehensions you may have concerning dealing with people who are in the last stages of life or working with the bereaved. _____

_____

_____

Please check any areas that you might be interested in volunteering: (*Serenity House)

_____ *Resident Care	_____ *Office/Clerical
_____ *Garden Maintenance	_____ *Housekeeping
_____ Fundraising	_____ Public Relations/Speaking
_____ Camp Erin	_____ Grief Support Groups

_____ Other (Please specify) _____

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Do you have any health problems or physical limitations that would restrict the volunteer work that you choose to do? _____ Yes _____ No

If yes, please explain: _____

_____

If volunteering for resident care at the Serenity House, are you willing to commit to a four-hour shift either once a week, or once every other week? _____ Yes _____ No

Please indicate the best days and times that accommodate your schedule:

DAYS:

☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

SHIFTS:

☐ 7 am - 11 am ☐ 8 am - 12 pm

☐ 11 am - 3 pm ☐ 12 pm - 4 pm

☐ 3 pm - 7 pm ☐ 4 pm - 8 pm

☐ 7 pm - 11 pm ☐ 8 pm - 12:am

OVERNIGHT SHIFTS

☐ 11 pm - 7 am ☐ 12 am - 8 am

Are you willing to volunteer on holidays? _____ Yes _____ No

Please list two references that we can contact:

Name: _____

Phone #: _____ Relationship to you_____

Name: _____

Phone #: _____ Relationship to you_____

 Name: _____

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Initial

CONFIDENTIALITY / RELEASE AGREEMENT

_____ 1. In my role as a Friends of Hospice volunteer, I understand the need for confidentiality and do hereby agree to honor said policy. All matters discussed will remain confidential, except those matters related to instances of harm or threat of harm to any person, or in the case of suspected abuse or neglect.

_____ 2. I hereby authorize Friends of Hospice of the Lakeway Area, Inc. to release my photograph for publication. I understand that any prints or slides made while involved in a volunteer activity shall be used by Friends of Hospice for the purpose of volunteer recruitment, promotional use, and/or educational purposes. The afore-mentioned photographs may be modified, edited, or retouched by Friends of Hospice in using them for the purposes previously specified.

_____3. I understand that as a volunteer for Friends of Hospice, workers compensation insurance is not available. Any bodily injury resulting in loss of employment, loss of wages or any other incurred expenses will not be reimbursed by Friends of Hospice. I recognize the need to always proceed with caution for my personal safety in all volunteer activities.

_____ 4. I hereby release and discharge Friends of Hospice of the Lakeway Area, it's agents, board members and officers from all claims, demands, actions and judgments which I have against Friends of Hospice for all personal injuries either physical or emotional, known or unknown and injuries to property, real or personal, sustained during my participation as a volunteer, whether the injury is due to negligence or any other fault.

_____ 5. I, the undersigned, have read this Release and understand all of its terms. I am over eighteen (18) years of age and have voluntarily entered into this agreement. (For those under 18, agreement must be co-signed by parent or guardian)

_____ 6. I have read the policy for abuse and neglect. I understand this policy and agree to abide by this policy and report any abuse or neglect as outlined in the policy. I have received a copy of this policy.

Signature **Date**

Signature of Parent/Guardian for minor volunteer **Date**

Upon completion of application, please mail to: Friends of Hospice; P.O. Box 1307; Morristown, TN 37816. If you have any questions or concerns, please call 423-586-5284.

Name: _____

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(For Serenity House Direct Care Volunteers only)

CRIMINAL HISTORY

Friends of Hospice Volunteer application process requires a criminal history check to ensure that community volunteers with whom we care for are protected, particularly children, individuals with disabilities and individuals over 60 years old.

We will investigate for past sexual offenses, drug offenses, violent crimes or crimes that would have a direct bearing on your service.

This background check will entail our search of the National Sex Offenders Registry and FBI criminal history check, which will require your being fingerprinted prior to volunteer assignment.

You will not be permitted to serve or work with children, individuals with disabilities or individuals over 60 years of age, without supervision until the history check is complete and you are cleared. The review process is not lengthy and is normally completed within weeks.

Answer the following questions fully. Existence of a criminal conviction or juvenile adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

___ I allow Friends of Hospice to complete the NSOPR check and criminal background check.

Have you ever been convicted as an adult, or adjudicated as a juvenile offender, or any criminal offense by either a civilian or military court, other than minor traffic violations?
_____ Yes _____ No

Are you currently facing charges for any offense or on probation or parole: ____ yes ___no

If you answered "Yes" to any of the questions above, please provide the following information:

Date: _____ Place: _____

Charge: _____

Action Taken: _____

Court, Probation or Parole Officer: _____

Name: _____

Address: _____

City, State, Zip:_____ Phone #: _____