

# VOLUNTEER APPLICATION



**Hearts for Hospice**

*It's All About Living!*

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Can you receive calls at work?  Yes  No  Emergency Only

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Education/Special Training: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Two Personal References (*excluding family members*). Please provide complete address as references are verified by mail.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

## Areas of Interest:

### **Patient/Family Care**

In Home  In Facility

### **Bereavement**

Caller  Home Visits  Support Group  Office/Clerical  Memorial Service Committee

### **Non-Patient Services**

Clerical  Fundraising  Mailings  Events  Marketing  Courier  Data Entry

Do you know a language other than English?  Yes  No

Language \_\_\_\_\_  Speak  Read  Write

Language \_\_\_\_\_  Speak  Read  Write

Other special services: (manicurist, hairdresser, massage)

\_\_\_\_\_

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 feelings about death? \_\_\_\_\_

Have you ever been with someone at the time of their death?  Yes  No If yes, please describe: \_\_\_\_\_

Have you ever provided care to anyone who was dying?  Yes  No If yes, please describe: \_\_\_\_\_

When thinking of your own death, what words best describe death to you?  I do not think about my own death  
 Sorrowful  Natural  Frightening  Painful  Lonely  Joyful  Heavy  Peaceful  Dark

Other: \_\_\_\_\_

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 professionals 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 Hearts for Hospice is confidential.**

I interpret “volunteer” to mean that I have agreed to work without compensation of 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 Hearts for Hospice.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date