

Volunteer Application Form

1. Name: (Last) _____ (First) _____

2. If you are under 18 years of age, please give your date of birth: _____
(you may be requested to obtain working papers.)

3. Present Address:
street _____
town: _____ zip _____
code: _____

4. Telephone: Home # _____ Work # _____
Best time to call : (specify range of hours, i.e. 3-

5) _____

5. Email address _____

6. Best time to volunteer ? _____

7. Name and phone number of emergency contact: _____

8. How were you referred to Home Health & Hospice?
____ Employee ____ Media ____ Health fair ____ Personal
experience (self, friend, or family received services) ____ other

9. What is your primary reason for wanting to become a Home Health & Hospice Care volunteer _____

10. If you have had a personal experience with a Home Health agency and would like to elaborate on the experience, please indicate if and how the experience was positive?

11. Please list any physical restrictions that might affect your volunteer placement (*i.e., Bad back, bending, or lifting restrictions, etc.*) _____

****A Health Form will be provided – to be completed by your physician



12. Please list your most recent volunteer experience: (Feel free to use the back of this form)

Name of
 Organization: _____
 Responsibilities: _____

 Length of service: _____ Date last
 volunteered: _____

13. Briefly describe your education and work experience. Any life experience you wish to share will be welcomed _____

14. To place you in the most rewarding volunteer experience, please indicate the areas listed that you would be interested in:

- ___ Office Skills (computers, switchboard, filing, telephone work, mailings)
- ___ Fund Raising events
- ___ Community education- Public speaking
- ___ Patient Care visits
 ___ Hospice care ___ Pediatrics ___ Elderly/disabled
- ___ Bereavement Services
 ___ Support calls & visits ___ Facilitating support groups
- ___ Transportation (taking clients to MD appointments, shopping, errands..)
- ___ Interpretation (foreign language or sign language)
 Please describe type(s) and fluency level: _____
- ___ Hospice Singers

15. Do you have a valid driver's license? Yes ___ No ___
 Do you have a clean driving record Yes ___ No ___



Do you have a car at your disposal? Yes ___ No ___
Do you have personal liability limits on your auto insurance? ___Y___N
You will be required to provide Home Health & Hospice a copy of your Personal Liability Insurance. Insurance information will need to be updated each year.
(Along with TB, Confidentiality forms and license every 4 years)

I understand the information which I have provided will be kept confidential and available only to the Directors of Home Health & Hospice Care and those designated by them for the selection and training of volunteers. This information was requested in order to determine your experience, availability, motivation and needs for volunteering. I agree to sign a **Criminal Record Release Form** and a **confidentiality statement** and abide by it when participating as a Home Health and Hospice Care Volunteer. If I am choosing to work as a direct care volunteer, I understand that initial TB testing is required. Yearly testing is required for all active volunteers participating in patient care.

Signature: _____ Date: _____

Due to the nature of certain Home Health & Hospice Care volunteer assignments, references may be required. Please provide the name and address of two individuals:

_____/_____
_____/_____
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If applying as a patient care volunteer, please read and complete the additional information

Patient Care volunteers are required to complete an orientation program by Home Health and Hospice. Hospice volunteers must complete a 25-33 hour training program prior to working with Hospice Patients.

1, Are you willing to complete the required training within the coming year? ___Y___N
2. What would you like to learn in the orientation and training? _____

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3. Briefly describe your strengths in working with others:

4. What situations might challenge you in visiting patients and families?

5. If you plan to be a Hospice volunteer, describe your reason(s) for choosing this work:

6. Please explain any life experience(s) that has prepared you for the work of Hospice:

7. Have you experienced the death of a family member or close personal friend in the past 5 years ___Yes ___No Explain relation and time frame, (*Exp. Father, 1 year ago*)

8. Is religion meaningful to you? ___Yes ___No
Please indicate from a scale of 1-4 what degree religion is meaningful to you ____
(1 = little meaningful 4 = very meaningful)

9. Would you be comfortable discussing spiritual issues with clients? ___Y ___N

Date interview

completed _____

Volunteer Coordinator Signature:
