

Hospice Care Options™

"Caring People, Touching Lives"

VOLUNTEER APPLICATION

Date Trained: _____

Name: _____

Address: _____
Street or P.O. Box City State Zip

Date of Birth: _____ Email: _____

Home Phone: _____ Business Phone: _____

Employer: _____ Occupation: _____

Can receive call at work: Yes No Emergency Only

In case of emergency call: _____

I am interested in volunteering in the following ways:

Patient/family Care: In-home *or* Nursing Home

- Social Contacts Yard Work Run Errands
 Respite Care Meal Preparations Light Housekeeping
 Pet Therapy Massage Therapy Hair Cutting/Styling

Administrative Services:

- Clerical work – filing, typing, answering the phones, etc.
 Computer Work

Bereavement Services:

- Mailings Phone Calls Assist with Memorial Services
 Visits Assist with Support Groups

Special Services:

- Making gifts for patients Bake cakes/cookies Assembling Brookie Bears

Days/Hours of Availability for volunteering: (check all that apply)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Day							
Evening							

County/area in which I would like to volunteer: _____

Do you have preferences on gender, age, or ethnicity of patients to whom you are assigned?

No Yes Please specify: _____

Discuss briefly why you would like to be a Hospice volunteer: _____

What qualities (skills, talents, knowledge, and experiences) **do you feel you can incorporate into your hospice volunteer work?** _____

Do you have health related problems or physical limitations? If yes, please explain:

Has some close to you died? If yes, please explain the circumstances: _____

How did you hear about being a Hospice Care Options volunteer? _____

Are you willing to participate in the Volunteer Training Program? Yes No

I would prefer training in: an evening session a day session

Please list below two persons we may contact for references:

Name	Address	Phone#	Initial when checked

All references will be held in confidence and thus not accessible to volunteer

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 Hospice Care Options 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 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. I understand a drug test will be part of the volunteer screening process and volunteer training must be complete before assignment can be given.

Applicant Signature

Date