



Volunteer Application

Please Print

Name of Applicant _____

Birthdate (for birthday card list only) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Employer _____ Occupation _____

Work Phone _____

Can you receive calls at work: YES NO Emergencies only

Education/Special Training _____

Work Experience _____

Areas Of Interest:

Patient/Family Care

- In Home In Nursing Home In Facility Transportation Personal Care
 Meal Delivery Alternative Therapies

Bereavement

- Caller Home Visits Support Group Co-Facilitator Transportation
 Office/Clerical

Non-Patient Services

Clerical Fundraising 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, masseuse, etc.) _____

Do you have access to transportation? YES NO

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? _____

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 briefly _____

Have you ever provided care to anyone who was dying? YES NO

If yes, please describe briefly _____

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 _____

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

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Person to be notified in an emergency:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

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 the hospice 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 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 Hospice of Dickinson County.

Applicant Signature _____ Date _____

Please return to Adrienne Unruh, Hospice Volunteer Coordinator