

HOSPICE VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best number to reach: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you: A veteran?  YES  NO Family member of one who served in the military?  YES  NO

Volunteer/Work Experience:

Company: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Your Role: \_\_\_\_\_

Company: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Your Role: \_\_\_\_\_

Special Knowledge and Experience /Training / Skills / Talents / Interests/ Certifications or Licenses:

Areas of interest (circle all that apply):

- Patient visitor                      Sit Vigil                      Veteran-to-Veteran Visitor
- Bereavement Support Caller                      Support Group Co-facilitator

Office assistance - Please specify clerical and/or computer: \_\_\_\_\_

Special Events/Memorial Service Committee                      Other: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Have you experienced any major life changes in the past year?  No  Yes

If yes, please explain on the reverse side of this page.

Where did you learn of this opportunity? \_\_\_\_\_

**West River Hospice**

Please provide personal references who have known you for 2 years or more and can speak to your ability to serve as a hospice volunteer. Do not include family members.

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

Address \_\_\_\_\_

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

.....

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.

***Understand that any information that is disclosed to me while assisting the hospice is confidential.***

I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with hospice.

I interpret "volunteer" to mean that I have agreed to work without compensation in money. Being accepted as a volunteer worker, I expect to do my work according to the standards set forth in the **Volunteer Policies and Procedures**.

I expressly waive and release any and all claims which the undersigned may otherwise have by reason of any accident, injury or condition which may be occasioned by the undersigned as a result of my ability and capacity to perform as a hospice volunteer. The company, its agent, officers, and employees are hereby released and discharged from liability for any such claims, demands or damages by the undersigned.

**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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_