

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: _____

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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: _____