



Volunteer/Intern Application Form

Please print

Name..... Birth date (for birthday card).....

Address..... City/State/Zip.....

Telephone..... Alt. telephone.....

Employer..... Occupation.....

Can receive calls at work: Yes No Emergency Only

Person to notify in an emergency:

Name.....

Address..... City/State/Zip.....

Telephone.....

Education/Special Training:

.....

Work Experience

.....

Two personal references (*excluding family members*) please provide a complete address, as references are verified by mail.

Name: Phone

Address.....

City..... State/Zip

Email:

Name: Phone

Address.....

City..... State/Zip

Email:

Identified Areas of Interest: *(non-patient does not require 30 hour education course)*

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 Memorial Service Committee

Non-Patient Services

- Clerical Fundraising Mailings Events Marketing
 Courier Switchboard Data Entry

Do you know a language other than English: Yes No

Language:Speak/Read/Write

Other special services: (manicurist, hairdresser, masseuse, etc.)
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Do you have access to transportation? Yes No

How did you hear about our hospice volunteer program?
.....
.....

Why do you want to become a volunteer?
.....
.....

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

Death and Dying

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 explain).....
.....
.....

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:
.....

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 but having been accepted as a volunteer worker, I expect to do my work according to standards set forth in the Volunteer Policies and Procedures.

Declaration

I hereby certify that statements made on this application, I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I affirm to have read the Code of Ethics for Volunteer and agree to abide by its regulations. I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities

.....
(Signature/Volunteer) (Date)