



Volunteer Application

Thank you for your interest in becoming a Hospice volunteer. The following information will tell us about you, your abilities, your interests, and helpful matching you to one of our patients. Please note this is step one of the process. You will need to complete a phone interview, background check, Employee Misconduct Registry check, Nursing Aide Registry check and training before volunteering. This process takes time as our patient needs, care, and safety is our priority.

Name (Last, First, MI)	Are you over 18 years of age? []Yes []No
Phone Number	Are you a Veteran []Yes []No
Address (Street, City, State, Zip)	
Email Address	Have you ever volunteered in hospice? []Yes []No
Employer (if applicable)	Have you ever been employed by the Company? []Yes []No
What do you do at work?	Do you have experience with elderly or terminally ill patients? []Yes []No
What is your educational background?	Why do you wish to volunteer?
What is your volunteer area of interest? (check all that apply) Direct Patient Related Items <input type="checkbox"/> Caregiver Relief <input type="checkbox"/> Friendly Visits <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Write Letters <input type="checkbox"/> Homemaking <input type="checkbox"/> Music Enrichment <input type="checkbox"/> Pet Visits <input type="checkbox"/> Vigil <input type="checkbox"/> Bereavement <input type="checkbox"/> Light Yard Work <input type="checkbox"/> Phone Calls <input type="checkbox"/> Other: _____	
Non-direct Patient Related Items <input type="checkbox"/> Office Work <input type="checkbox"/> Mass Mailings <input type="checkbox"/> Hospice events <input type="checkbox"/> Sewing/Crafts <input type="checkbox"/> Other: _____	
What is your availability to volunteer?	
Please list two people that can provide a reference to your character:	
1. Name: _____ . Phone#/Email: _____ .	
2. Name: _____ . Phone#/Email: _____ .	



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Have you ever been convicted and/or been found by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating patients or of misappropriating patients property in this state or in any other state? If so, please describe the offense, the date and place of the conviction and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer.

Yes No

Have you ever been convicted of (1) felony, (2) cruelty to persons, or (3) assault of a victim sixty years of age or older? If so please describe the offense, the date of the conviction and the underlying circumstances or other information to help use valuate your current fitness to become a volunteer.

Yes No

Have you ever been sanctioned by a healthcare licensing agency in this or another state or in any other United States or foreign jurisdiction? If so, please identify the nature and the date of the action, the licensing agency involved, and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer.

Yes No

I hereby certify that I have not been convicted and/or found guilty of patient abuse, neglect, or mistreatment, or misappropriation of patient property in this state or in any state and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer to become a volunteer by the Company is conditional upon verification of this information with the state patient abuse registry and that a listing on such a registry or registries of any other state may act as an automatic withdrawal of any such offer to become a volunteer.

I understand that the Company requires a thorough background investigation for all potential volunteers. This investigation is limited to only that information required to determine fitness for volunteering and may include, but is not limited to: past employment history verification, job performance, disciplinary record, financial/credit history, and a criminal background investigation. By affixing my signature to this document, I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

Signature of Application: _____

Date: _____