**VOLUNTEER APPLICATION**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(LAST) (FIRST) (MIDDLE)**

**PRESENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(STREET)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(CITY) (STATE) (ZIP)**

**HOW LONG HAVE YOU BEEN AT THIS ADDRESS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF LESS THAN 2 YEARS, WHERE DID YOU LIVE BEFORE THIS ADDRESS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Teens must be 16 years old to volunteer)**

**TELEPHONE: HOME ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST 4 DIGITS OF SOCIAL SECURITY NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESIRED AREA OF VOLUNTEERING:**

**Administrative Service: Phone receptionist\_\_\_\_\_ Greeting visitors and answering phone\_\_\_\_\_ Office Duties\_\_\_\_\_ Filing\_\_\_\_\_ Mailings\_\_\_\_\_ Gardening (Bedford Hospice House) \_\_\_\_\_ Serve on Centra Hospice’s Veteran’s Committee \_\_\_\_\_ Special Projects\_\_\_\_\_\_\_\_**

**Offsite Service: Calling patients and caregivers \_\_\_\_\_ Sending cards to patients and caregivers \_\_\_\_ Phone support (Comfort Calls) \_\_\_\_\_**

**Direct Care: Visit patients in their homes\_\_\_\_\_ Visit patients in the inpatient Hospice House\_\_\_\_\_ Visit patients in a facility (nursing home/ assisted living /hospital/group home)\_\_\_\_\_ Pet therapy \_\_\_\_\_ Veteran Pinning\_\_\_\_\_ Veterans helping veterans** **\_\_\_\_\_ Pet Peace of Mind\_\_\_\_\_ Patient/caregiver support \_\_\_\_ Music Volunteer \_\_\_\_\_\_\_Virtual Visits\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_**

**How frequently are you able to volunteer?**

**\_\_\_\_ 1x/week \_\_\_\_\_\_ 2x/week**

**\_\_\_\_ 1x/month \_\_\_\_\_\_\_ 2x/month**

**\_\_\_\_ Occasionally for special projects**

**Personal Information**

**Have you volunteered before? \_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you ever been an employee of Centra? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Share a bit of information about yourself\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please list your last experience with a death of a family member or someone close to you. Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Death \_\_\_\_\_\_\_\_\_**

**EMPLOYMENT Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full/Part-time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retired from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ College Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ If a college graduate, areas of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest level/degree obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other professional training/licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If you are in school now, please provide the name of your school and the year you plan to graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is volunteer work a requirement of your school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_REFERENCES (2 Non-related) – Please furnish names and contact information:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name) (Street) (City) (State) (Zip)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address (Phone)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name) (Street) (City) (State) (Zip)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address (Phone)**

**Human Resources Information**

**CONVICTION HISTORY: (This information is strictly confidential)**

**Have you ever been convicted of a felony? \_\_\_\_\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been ordered to perform court-ordered community service? \_\_\_\_\_\_\_\_\_\_**

**A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED.**

**Mini Health Check and requirements will be scheduled after Orientation with Employee Health.**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Their phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Care Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT’S CERTIFICATION AND AGREEMENT:**

I certify that the information given by me in the application is true and complete in all respects and understand any falsifications or omissions shall be sufficient cause for dismissal from or refusal of volunteer status.

I authorize my former employers, and persons listed as references on this application to furnish any information concerning my personal character, habits, employment record, and previous volunteer experience. I release all such persons from any liability or damages incurred because of responding to our inquiry and furnished this information to us. If accepted as a volunteer, I may terminate my volunteer service at any time without notice or cause. Likewise, the Volunteer Services Department may terminate or modify the relationship at any time without notice or cause.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

**The purpose of Volunteer Services is to serve Centra Hospice in a positive manner, enhance the well-being of patients, caregivers, and support the Hospice staff.**

* **I understand that due to the expended investment of time and financial resources in the on boarding and training of new volunteers, Volunteer Services requests a minimum of 50 hrs. per year commitment from volunteers. Volunteer Services may refer perspective volunteers to other community volunteer programs if the minimum time requested is not possible.**
* **I understand that during my volunteer week I may be exposed to information of a confidential nature pertaining to patients and/or their families. I will consider as confidential all information which I may hear directly or indirectly and will not seek information regarding a patient, except as it pertains to my volunteer assignment. I agree to uphold the traditions and standards of this hospice and to safeguard its reputation by maintaining the highest standards of confidentiality.**
* **I agree to adhere to the department’s reporting hours and visits procedures each time that I volunteer.**
* **I agree not to engage in any manner of religious, commercial, or political solicitation while in the hospice duty or on hospice property.**
* **I agree to uphold the Customer Service Standards as outlined in my orientation (safety, confidentiality, teamwork, professional behavior, and accountability.**
* **I understand that the Hospice Volunteer Services reserves the right to dismiss my volunteer status at any time without notice or cause because of (a) failure to comply with organizational policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or (d) any other circumstances which, in the sole judgment of the department staff, would make my continued service as a volunteer contrary to the best interests of the organization.**

**I have read each of the above conditions, and I agree to be bound by them.**

**VOLUNTEER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VOLUNTEER SERVICES COODINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF VOLUNTEER IS UNDER 18 YEARS OF AGE:**

**PARENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return this completed form to the Hospice office you are interested in volunteering at to the address in the header of this document at your earliest convenience and someone will contact you soon!