



CENTRA

Hospice

VOLUNTEER APPLICATION

Lynchburg Hospice Office: 2097 Langhorne Road, Lynchburg, VA 24501 (434) 200-5077
Farmville Hospice Office: 1705 East Third Street, Farmville, VA 23901 (434) 315-5050
Bedford Hospice Office: 1621 Whitfield Drive #C, Bedford, VA 24523 (540) 587- 6592

PLEASE PRINT:

DATE: _____

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 () _____ WORK () _____

CELL () _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____

E-MAIL ADDRESS: _____

Emergency Contact: _____ Relationship: _____

Their phone #: _____ Address: _____

Primary Care Physician _____ Phone # _____

REFERRAL SOURCE

How did you hear about the volunteer program?

- Know a current or former hospice volunteer personally
Church or synagogue announcement
Other
Newspaper article
Community presentation



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SCHEDULE AVAILABILITY:

Days of the week you are available:

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Time(s) of the day you are available:

- Early morning 6 am
- Morning 9 am
- Afternoon 12 noon
- Late afternoon 3 pm
- Evening 6 pm

How frequently are you able to volunteer:

- once a week twice a week
- once a month twice a month
- occasionally for special projects

DESIRED AREA OF VOLUNTEERING:

Special Events: Community events and fundraising _____

Administrative Service: Phone receptionist _____ Greeting visitors and answering phone _____
Office Duties _____ Filing _____ Mailings _____ Gardening (Bedford Hospice House) _____

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 _____
Phone support (Comfort Calls) _____ Veteran Pinning _____ Veterans helping veterans _____
Serve on Centra Hospice's Veteran's Committee _____ Pet Peace of Mind _____ Patient/caregiver support _____

PERSONAL INFORMATION:

Share a bit of information about yourself – what do you enjoy? Why you have decided to volunteer with Centra Hospice? _____

Please list your last experience with a death of a family member or someone close to you.

Relationship _____ Date of Death _____

Other organizations to which you belong: _____

Have you volunteered before? _____ Where? _____

Have you ever been an employee of Centra? _____

Hospice facility at which you would like to volunteer? _____

EMPLOYMENT

Employer: _____ Phone Number: _____

Full/Part-time? _____

Retired from: _____ Occupation: _____



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EDUCATION:

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? _____ Will you be available year-round? _____

REFERENCES (3 Non-related) – Please furnish names and contact information:

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

Email Address (Phone)

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

Email Address (Phone)

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

Email Address (Phone)

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.



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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 as a result 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

Interviewer's Signature

Date

The purpose of Volunteer Services is to serve Centra Hospice in a positive manner, to enhance the well-being of patients, caregivers and to 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 in the course of 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 in regard to 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 as a result 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:** _____

IF VOLUNTEER IS UNDER 18 YEARS OF AGE:

PARENT'S SIGNATURE: _____ **DATE:** _____

VOLUNTEER SERVICES COODINATOR: _____ **DATE:** _____