



## VOLUNTEER APPLICATION

PLEASE PRINT.

Name \_\_\_\_\_ Birthdate (for birthday card list only) \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Can receive calls at work?  yes  no  emergency only

### Person to be notified in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Personal References:** Please list three personal references excluding family members. Please provide complete contact information as references are verified by mail or by telephone.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Skills and Experience:**

Please describe your work experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any special education or training you have had \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have access to reliable transportation?     yes     no

Do you know any languages other than English?     yes     no

language \_\_\_\_\_     speak     read     write

language \_\_\_\_\_     speak     read     write

Any other special services you can offer (manicurist, hairdresser, masseuse, etc)? \_\_\_\_\_  
\_\_\_\_\_

**Areas of Interest:**

What qualities (*skills, talents, knowledge & experiences*) do you feel you can incorporate into your hospice volunteer work? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a hospice volunteer? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_  
\_\_\_\_\_

**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 agree to adhere to the Heritage Hospice Standards of Behavior.*

***I understand that any information that is disclosed to me while assisting Heritage Hospice, Inc. is confidential. I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.***

***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. I agree to respect the confidentiality of any patient information I acquire in the course of my volunteer activities with Heritage Hospice, Inc.

\_\_\_\_\_  
*Applicant*

\_\_\_\_\_  
*Date*

HHI  
Dev:  
Revised: 11/08, 2/11, 1/14, 11/15  
Reviewed:

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