



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:

Reviewed: 1/19

Revised: 11/08, 2/11, 1/14, 11/15, 1/21