

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Hospice and Palliative Care Volunteer. The following information will provide us with an understanding of your interests and abilities, and will help us provide you with the most suitable opportunities. Some of the questions may be personal and private; however, this information has proven most helpful in assigning roles and positions.

A. General Information

Name: _____ Date: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Date of Birth _____

B. Education and Employment

Are you currently enrolled in school? Yes No Full time Part Time
Educational Experience: some or no high school some college/tech school* high school grad
 college grad* post-graduate work*
*specify field of study/degree _____

Additional training, certifications, license _____
Are you currently employed? Yes (full or part time? _____) No Retired
Employer: _____ Position/Hours: _____
Briefly describe the type of work you do: _____

Please check any special skills, interests or hobbies that apply to you:
 foreign language _____ computer light housekeeping pet care
 arts/crafts cooking "fix-it" capabilities singing gardening/yard
 event planning errands hairstyling other _____

C. Personal Information

Have you done other volunteer work? If yes, describe briefly: _____

Why do you wish to be a volunteer? _____

Do you have a valid driver's license? _____ Do you have reliable transportation? _____
Auto Insurance Carrier: _____ Amount: _____ Policy#: _____

D. Areas of Interest (Please check all that apply)

<input type="checkbox"/> Home Care Program* Patient/Family support, transportation, companionship Calls, light house keeping, Bereavement & Spiritual support Home repair/maintenance	<input type="checkbox"/> Compassionate Care Center* Patient/Family support, Office support, greeter, children's activities, floral arrangements, arts/crafts, pet therapy, etc.
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Administrative/Fundraising*

Fundraising support, assist with special events
Office support, filing, answer phones, copying, mailings
Baking, arts & crafts, newsletter

* Requires 6.5 hour Volunteer Training Course.

E. Time Commitment

How many hours per month would you like to volunteer? _____

Hours and days that you could be available for volunteering:

Daytime: _____

Evening: _____

Weekends: _____

Are you available for long-term assignments for home care program? (1-6 month on-going contact with patient/family)

Yes No (*Often involves a weekly visit or contact*)

F. References

Please list two personal references (*I authorize Hospice to contact the persons listed below to obtain personal reference checks*):

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

G. Emergency Contact

In case of an emergency, whom should Hospice notify?

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above, and release all parties from liability for any damage that may result from furnishing same to you. I understand as a condition of my volunteer service, I will be required to undergo screening and other pre-service requirements."

Signature of Applicant: _____

**Attn: Volunteer Coordinator
Hospice Care Plus, Inc.
208 Kidd Drive
Berea, KY 40403
859-986-1500 or 1-800-806-5492**