



VOLUNTEER APPLICATION

Thank you for your interest in becoming a Hospice volunteer. Please complete and submit the following information for consideration as a Well Care Hospice Volunteer and placement into the next volunteer training class. This information will prove most helpful in making volunteer assignments.

Contact Information	DATE _____		Are you over 18 years of age?	
	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<i>NAME (last, first, MI)</i>		<i>BIRTHDATE</i>	
	_____		_____	
	<i>ADDRESS (street)</i>		<i>(city, state)</i>	
	<i>(zip)</i>			
	_____	_____	_____	
	<i>PHONE (home)</i>	<i>PHONE (cell)</i>	<i>EMAIL</i>	
	Preferred Method of Contact: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email			
	<i>In case of emergency, please notify:</i>			
	_____	_____	_____	
	<i>NAME</i>	<i>RELATIONSHIP</i>	<i>PHONE</i>	

Employment History	_____		_____	
	<i>EMPLOYER (if applicable)</i>		<i>PHONE</i>	
	_____		_____	
	<i>POSITION/JOB TITLE</i>		<i>WORKING DAYS/HOURS</i>	
	Describe the type of work you do? _____			
Have you ever worked for Well Care Health? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, detail: _____				

Volunteer Availability, Education, History	Have you ever volunteered for Well Care Hospice? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, details: _____			
	Total Number of Hours per week you could be available for hospice volunteering: _____			
	_____	_____	_____	_____
	<i>DAYTIME</i>	<i>EVENINGS</i>	<i>WEEKEND</i>	<i>OTHER</i>
	Education: (List those items which you believe could be helpful to you in hospice, i.e. schooling, work, lay experience, office skills, arts and crafts)			

Have you ever done any volunteer work? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, details: _____				

Are you a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what branch of military? _____				



Why Volunteer for Hospice?

How did you hear about Hospice? _____

Why do you wish to volunteer for Hospice? _____

Have you had experience with terminally ill people? YES NO If yes, details: _____

What strengths do you bring to Well Care Hospice? _____

Do you speak a foreign language? YES NO Do you have reliable transportation? YES NO

Preferred Type of Volunteer Work:

Administrative duties at front desk Bereavement/Tuck-in phone calls

Clinical Support Visit patients at home and in long-term care facilities

Assemble patient admission packets

Assemble patient/family goody bags

If you are interested in providing your professional services, please provide your professional field and license/certification information:

Professional Field: _____ License/Certification: _____

All volunteers are required to **complete 12 hours of volunteer training** Volunteers with a license/certification will be required to complete additional competencies associated with their profession.

References

Please provide the name, complete mailing address and phone number of two professional or personal references. Family members are NOT an acceptable reference.

REFERENCE #1

NAME (last, first, MI) _____ RELATIONSHIP _____

ADDRESS (street) _____ (city/state) _____ (zip) _____

PHONE _____ EMAIL _____

REFERENCE #2

NAME (last, first, MI) _____ RELATIONSHIP _____

ADDRESS (street) _____ (city/state) _____ (zip) _____

PHONE _____ EMAIL _____



Background

Have you ever been charged and/or convicted of abusing, neglecting or mistreating patients or of misappropriating patient's property in this state or in any other state? YES NO If yes, please describe the offense, the date and place of the conviction and the underlying circumstances.

Have you ever been convicted of (1) felony, (2) cruelty to persons, or (3) assault of a victim sixty years of age or older? YES NO If yes, please describe the offense, the date of the conviction and the underlying circumstances.

"I hereby certify that I have not been convicted and/or found guilty of patient abuse, neglect, or mistreatment, or misappropriation of patient property in this state or in any state and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer to become a volunteer by Well Care Hospice is conditional upon verification of this information with the state patient abuse registry and that a listing on such a registry or registries of any other state may act as an automatic withdrawal of any such offer to become a volunteer."

I understand that Well Care Hospice requires a thorough background investigation for ALL potential volunteers. This investigation is limited to only that information required to determine fitness for volunteering and may include but is not limited to past employment history verification, job performance, disciplinary record, financial/credit history, and a criminal background investigation. By affixing my signature to this document, I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

Signature of Applicant/Guardian (if less than 18 years old)

Social Security Number

Signature & Agreement

Well Care Hospice, Inc. is not obligated to provide placement, nor are you obligated to accept a position offered. Volunteers are accepted without regard to race, color, religion, gender, sexual preference or orientation, genetic information, national origin, age, disability, or veteran status.

I certify the answers given herein are true and complete to the best of my knowledge. I authorize Well Care Hospice, Inc. to acquire additional information from references included in this application and I hereby release them, their companies, and Well Care Hospice, Inc. from any liability whatsoever concerning this information obtained through this application.

APPLICANT SIGNATURE

DATE

(if applicant less than 18 years old) GUARDIAN SIGNATURE

DATE