

Hospice of Davidson County, Inc.

Volunteer Service Application

Equal Opportunity Employer

Volunteer Information

Name: _____ Date: _____

Address: _____ E-mail: _____

Home Phone #: _____ Business Phone #: _____ Cell#: _____

Driver's License #: _____ Birthdate: ____/____/____ Social Security #: ____-____-____

Emergency Contact

Name: _____ Relationship: _____

Contact #'s: _____

Volunteer Experience

Please list previous volunteer experience (organization, location, dates, hours served, and what you did.)

List organizations, churches, or clubs in which you are active:

Education/Specialty Training

I have completed: High School Some College College Other

Degree / Major / Certifications: _____ College: _____

Special Services / Alternative Therapies:

Music Pet Aroma Art Massage Hairdresser Manicurist

Do you know a language other than English? Yes No

Language: _____ Speak Read Write

Language: _____ Speak Read Write

Employer Information

Employer: _____ Position: _____

Can you receive calls at work? Yes No

Brief Work Experience:

Areas of Interest/Availability

Patient Family Care:

- In Home Nursing Home In Facility/Assisted Living
 Transportation-Errands Meal Delivery Alternative Therapies

Bereavement:

- Caller Home Visits Support Group Transportation
 Office/Clerical Workshop Committee

Non-Patient Services:

- Clerical Fundraising Mailings Marketing Courier Events
 Birthday Cake provider Data Entry (Computer Knowledge Needed) Crafts
 Answer Phones Speakers Bureau

List any other experience or skills related to your volunteer interests:

I would be able to volunteer: Mornings Evenings Weekends Weekdays

Are you available on short notice? _____ Beginning (month/year) _____

Do you have access to transportation? Yes No

Have you experienced the loss of a loved one during the past year? Yes No

If yes, what was your relationship to the deceased? _____

References

Provide 3 personal references (excluding family members).

Name _____ Name _____

Phone _____ Phone _____

Address _____ Address _____

Name _____

Phone _____

Address _____

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 understand that any information that is disclosed to me while assisting the Hospice 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 Volunteer Policies and Procedures.

I understand that my acceptance as a volunteer is contingent upon the successful completion of my references, criminal background / sex offender investigation, and pre-volunteer drug screen.

I understand volunteers must attend a volunteer workshop requiring 12 hours and that ACHC Licensure requires 12 hours of continuing education annually. I understand that I must also submit to a TB test prior to volunteering.

Signature _____

Date _____

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 inquire to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer

Signature _____

Date _____

Volunteer Application may be submitted by mail or fax to:

Hospice of Davidson County
PO Box 1941
Lexington, NC 27293

Fax: 336-474-2081

Questions?

1-800-768-4677

Date Approved: 02/09

Date Revised: 02/09

Date Reviewed: 02/09