

# CHATTAHOOCHEE HOSPICE VOLUNTEER APPLICATION

Name of Applicant \_\_\_\_\_ Birthdate \_\_\_\_\_  
please print Date Only for Birthday Card List

Address \_\_\_\_\_  
Street City Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Can receive calls at work: yes no Emergency Only

Email Address: \_\_\_\_\_

Person to be notified in an emergency			
Name _____	Phone _____		
Address _____	_____	_____	_____
Street	City	State	Zip

Education / Special Training

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Two Personal References** (excluding family members)

Please provide a complete address, as references are verified by mail.

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

Address \_\_\_\_\_  
Street City State Zip

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

Address \_\_\_\_\_  
Street City State Zip

**Identified areas of interest:**

**Patient/Family Care**

- \_\_\_\_\_ In home
- \_\_\_\_\_ In Nursing Home
- \_\_\_\_\_ In Facility
- \_\_\_\_\_ Welcome Wagon
- \_\_\_\_\_ Patient Special Events
- \_\_\_\_\_ Patient Birthday/Anniv.
- \_\_\_\_\_ Tuck-in phone calls
- \_\_\_\_\_ 11<sup>th</sup> Hour vigil
- \_\_\_\_\_ We Honor Veterans
- \_\_\_\_\_ Pet Peace of Mind

**Bereavement**

- \_\_\_\_\_ Caller
- \_\_\_\_\_ Home visits
- \_\_\_\_\_ Support Group co-facilitator
- \_\_\_\_\_ Cards and Letters
- \_\_\_\_\_ Office/Clerical
- \_\_\_\_\_ Memorial Service Committee

**Non-patient Services**

- \_\_\_\_\_ Clerical
- \_\_\_\_\_ Fundraising
- \_\_\_\_\_ Mailings
- \_\_\_\_\_ Events
- \_\_\_\_\_ Data Entry
- \_\_\_\_\_ Courier
- \_\_\_\_\_ Hospitality
- \_\_\_\_\_ Vol. Support

Other areas of interest: \_\_\_\_\_

\_\_\_\_\_

**Do you speak a language other than English?**

Language \_\_\_\_\_  speak  read  write

Language \_\_\_\_\_  speak  read  write

**Other special services:** (manicurist, hairdresser, massuse, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have access to transportaion?**  yes  no

**How did you hear about our Hospice volunteer program?**

\_\_\_\_\_

\_\_\_\_\_

**Why do you want to be a hospice volunteer?**

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

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**THOUGHTS ABOUT SERIOUS ILLNESS AND DYING**

**What are your thoughts and feelings about serious illness?** \_\_\_\_\_

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**Have you ever been with someone at the time of their death?**

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**Have you ever provided care to anyone who was dying? If yes please explain.**  No

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**When thinking of your own death, what words best describe how you feel?**

I do not think about my own death.  sorrowful  natural  frightening

painful  lonely  joyful  heavy  peaceful  dark

Other \_\_\_\_\_

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**Comments**

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**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 Chattahoochee 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 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 affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Hospice.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_