

**HOSPICE OF NORTHEAST MISSOURI  
VOLUNTEER APPLICATION**

*please print*

Name of Applicant \_\_\_\_\_ Birthdate *(for birthday card list only)* \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

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

Can receive call at work:    Yes        No        Emergency Only

**Person to notify in an emergency:**

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ 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 \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Identified Areas of Interest:** *(non-patient does NOT require 16 hour education course)*

**Patient/Family Care**

In Home    In Nursing Home    Transportation    Personal Care    Alternative Therapies

**Bereavement**

Caller    Home Visits    Support Group Co-Facilitator    Transportation    Office/Clerical  
Memorial Service Committee

**Non-Patient Services**

Clerical    Fundraising    Mailings    Events    Marketing    Courier    Switchboard  
Data Entry

**Do you know a language other than English?**    Yes    No

Language \_\_\_\_\_    Speak    Read    Write

Language \_\_\_\_\_    Speak    Read    Write

**Other special services:** (manicurist, hairdresser, masseuse, etc.) *Please provide a copy of any professional licenses.*

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**Do you have access to transportation?**    Yes    No

Please provide a copy of your valid driver's license and current insurance (*if have*).

**Have you had a TB test in the past year?**    Yes    No

**Have you had the Hepatitis B series?**    Yes    No

If yes to either one, please provide a copy of date and results.

If no to either one, would you be interested in having a TB test and/or Hepatitis B series?

Yes    No

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

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**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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**Death and Dying**

**What are your thoughts and feelings about death?**

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that I have withheld information affecting my employment, then Hospice of Northeast Missouri may terminate my employment immediately.

If you have been convicted of a crime, please explain (including date of conviction): <hr/> <hr/> <hr/>
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**Have you registered with the Family Registry?**      Yes      No

**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 Hospice of Northeast Missouri is confidential.**

I understand that engaging in discussions regarding patient information with other patients or persons outside of the hospice is considered a breach of ethics of Hospice of Northeast Missouri and may result in termination of employment.

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 inquires 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 of Northeast Missouri.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

