

First Name: _____ Last Name: _____

Birth date: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Gender: ☐ M ☐ F

Email Address: _____

Employer: _____ Occupation: _____

Can receive calls at work: ☐ Yes ☐ No ☐ Emergency Only

Person to contact in case of emergency:

Emergency Contact Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Education/Special Training:

Work Experience/Military Experience/Secretarial:

Two personal references (excluding family members). Please provide an email and phone, as references will be checked

Reference 1

Name: _____

Phone: _____ Email: _____

Reference 2

Name: _____

Phone: _____ Email: _____

Identified Areas of Interest

Patient/Family Care: ☐ In Home ☐ In Nursing Home

Non-Patient Services: ☐ Clerical ☐ Fundraising ☐ Mailings ☐ Events ☐ Marketing

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.*

Do you have access to transportation? ☐ Yes ☐ No

Please provide a copy of your valid driver's license and current insurance.

Health Assessment

A Health Assessment will be scheduled (a no charge to volunteer) and verification of the following will be required. If the information with the * is not current, a Team Health nurse will provide those vaccinations/tests at no charge.

*Date of Flu vaccination Date _____ Exemption ☐

*Date of COVID vaccinations Date _____ Exemption ☐

*Date of TB test or qgold Date _____

Have you had the Hepatitis B series ☐ Yes ☐ No If yes, please note the date _____

If no, are you interested in having the Hepatitis B series ☐ Yes ☐ No

Hospice Program

How did you hear about our Hospice volunteer program?

Why do you want to be a hospice volunteer?

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

Death and Dying

What are your thoughts and feelings about death?

Have you ever provided care to anyone who is dying? ☐ Yes ☐ No

If yes, please describe briefly:

Have you ever been with someone at the time of their death? ☐ Yes ☐ No

If yes, please explain:

Would you be comfortable with letting a person die who doesn't share the same faith perspective as you?

☐ Yes ☐ No If no, please explain:

When thinking about your own death, what words describe death to you?

☐ I don't think about my own death ☐ sorrowful ☐ natural ☐ frightening ☐ painful

☐ lonely ☐ joyful ☐ peaceful ☐ dark

Other:

Comments:

Crime Disclosure Statement

Any person convicted of a crime which is reasonably related to the qualifications, functions or duties of any hospice shall not be employed in a position that requires direct contact with patients/families.

Therefore, I _____ (SS# _____) disclose that I have never been convicted of a crime, other than minor traffic violations. I realize that Hospice of Northeast Missouri will make every reasonable effort to verify this information. If it is found 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):

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. 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 any 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 of Northeast Missouri.

Applicant's Signature

Date