



VOLUNTEER APPLICATION INDIRECT SERVICE

Date: _____

All volunteer applicants are considered without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, genetic information, disability, or any other protected status in accordance with all applicable federal, state and local laws.

All volunteers are required to be vaccinated against COVID-19 and must be able to provide a copy of their vaccination card.

Demographic and Contact Information

/ /					
Last Name	First Name	Middle Initial	Date of Birth		
Preferred Name		Preferred Pronouns			
Address:	Number	Street	City	State	Zip Code
Home Telephone		Work	Cell	Email	
Emergency Contact Name		Relationship		Phone	

Background Information

Do you have friends or relatives currently working or volunteering for us?	Yes	No	If yes, name(s)			
If chosen as a volunteer, can you furnish proof that you are over 18 years of age?	Yes	No				
Do you have a reliable means of transportation?	Yes	No				
When would you be available to volunteer? (Please check all that apply)	Days	Evenings	Weekends	Summer Only	Winter Only	All Year
Have you ever pled guilty or “no contest” to, or been convicted of a misdemeanor or felony?	Yes	No	If yes, please give date(s) and details:			

Work Experience

List your present or previous employers starting with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, disability, or other protected status.

Employer	Employer
Address	Address
From To	From To
Immediate Supervisor	Immediate Supervisor
Duties	Duties
Reason for Leaving	Reason for Leaving

Education

EDUCATION	Name	Location	Graduation Date
High School			
College			
Graduate School			

Volunteer Skills/Interests

Please tell us about any skills you have that you would like to share in your volunteer service

Language(s) _____ Arts & Crafts _____

Computer Skills _____ Music _____

Certifications _____ Other _____

Hobbies/Leisure Activities _____

Please Select the types of volunteer work you are interested in:
(Hold Shift bar to select Multiple)

References

1. Name: _____
Phone #: Home _____ Work _____ Cell _____
Email: _____
Address: _____
Occupation: _____
2. Name: _____
Phone #: Home _____ Work _____ Cell _____
Email: _____
Address: _____
Occupation: _____
3. Name: _____
Phone #: Home _____ Work _____ Cell _____
Email: _____
Address: _____
Occupation: _____

Standards of Contact

As a volunteer, I realize that I am subject to the Standards of Conduct 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 but having been accepted as a volunteer, I expect to do my work according to the standards set forth in the Standards of Conduct.

Volunteer Applicant's Statement and Agreement

I understand that HOSPICE may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking this box ().

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my volunteer application, and in any interview, is true and accurate. I have withheld nothing that would, if disclosed, affect this volunteer application unfavorably. I understand that if I am accepted as a volunteer and any information provided to HOSPICE is found to be false or incomplete in any respect, my volunteer relationship with HOSPICE may be terminated regardless of the time elapsed before discovery.

I affirm to have read the code of ethics for volunteers and agree to abide by its regulations. I agree to respect the confidentiality of any client information I may acquire during my volunteer activities.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME.

(Signature) _____ (Date) _____