

**WASHINGTON REGIONAL HOSPICE
VOLUNTEER APPLICATION**

(Please print)

Name of applicant _____ Birthdate (day and month) _____

Address _____

City _____ State _____ Zip _____

Email _____ (please do not leave this blank)

Home phone _____

Work phone _____

Cell phone _____

Are you presently employed? _____

Employer _____ Occupation _____

Person to be notified in case of emergency:

Name _____ Phone (_____) _____

Address _____ City _____ Zip _____

Previous and/or current volunteer experience: _____

Special interests or hobbies: _____

Do you have a current driver's licence? _____ Do you have car insurance? _____

Two Personal References (excluding family members). Please provide complete information as references will be verified by mail.

Name _____ Phone (_____) _____

Address _____ City _____ Zip _____

Name _____ Phone (_____) _____

Address _____ City _____ Zip _____

Do you know a language other than English? ___ yes ___ no

IDENTIFIED AREAS OF INTEREST:

TIER 1: NO PATIENT CONTACT (4 hour training)

___ office support ___ special events ___ writer ___ musician ___ artist ___ other

TIER 2: MINIMAL PATIENT CONTACT (4 hour training, Tier 1 training prerequisite)

___ health fair asst. ___ reception desk ___ medication delivery ___ shopper ___ other

___ Hospiteens (ages 13 – 18)

TIER 3: IMMERSSED IN PATIENT CONTACT (18 hour training plus Tier 1 & 2 training prerequisite)

___ patient caregiver ___ angel sitter ___ reader ___ bereavement ___ other

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(CONTINUED)

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? _____

How many hours a week can you commit to volunteering? _____

DEATH and DYING:

Have you had a recent loss of a family member, friend, or pet? _____

What are your thoughts and feelings about death? _____

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

If yes, please describe briefly: _____

Have you ever provided care to anyone who was dying? ___ Yes ___ No

If yes, please explain: _____

BACKGROUND CHECK:

Per Medicare Hospice Conditions of Participation, volunteers are included in the criminal background check requirement per CoP 418.114. Volunteers under the age of 18 will not be required to undergo a criminal background check.

DRUG TESTING:

All volunteers in training over the age of 18 must pass a drug test to be conducted by Washington Regional Employee Health.

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 interpret "volunteer" to mean that I have agreed to work without monetary compensation. Upon acceptance as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures. I agree to respect the confidentiality of any patient information I acquire in the course of my volunteer activities with hospice.

Applicant Signature

Date