



# Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Major Cross Streets \_\_\_\_\_

Are you legally eligible for U.S. Employment?  Yes  No

1. Why are you interested in volunteering with Premier Hospice? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What other volunteer experiences have you had? What was your favorite/least favorite thing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you experienced a significant loss in the past 12 months?  Yes  No  
 Death  Divorce  Move  Career/School Change

4. How do you cope with change/loss? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AVAILABILITY

Days  Evenings  Nights  Weekends  Flexible

### AREAS OF INTEREST

Patient Care  Bereavement  Spiritual Care  Administrative Support  
 Crafting  Special Programs  Events/ Public Speaking  Undecided

VOLUNTEER DEPARTMENT USE ONLY	
Follow up	_____
	_____
	_____
	_____
	_____



# Volunteer Application

5. Are you currently employed?  Yes  No

Place of employment \_\_\_\_\_

6. What are your hobbies or interests? \_\_\_\_\_

\_\_\_\_\_

7. List languages that you are fluent in. \_\_\_\_\_

\_\_\_\_\_

**Please list two (2) complete professional references.**

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

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

**Please list one (1) personal reference that is not related to you.**

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

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

8. Do you possess a valid driver's license?  Yes  No

State of issue and number \_\_\_\_\_

9. Has your driver's license even been suspended or revoked?  Yes  No

10. Have you ever been convicted of a felony?  Yes  No

If yes, explain \_\_\_\_\_

11. Have you ever had a license to provide health care revoked, limited, modified, or suspended?  Yes  No

12. Have you ever had any disciplinary action taken against your license to provide healthcare?  Yes  No

13. Have you ever had any criminal conviction relating to:

a) Any federal health care program including Medicare and Medicaid?  Yes  No

b) Patient neglect or abuse?  Yes  No

c) Health care fraud?  Yes  No

d) Use of controlled substance?  Yes  No

e) Fraud, theft embezzlement?  Yes  No

f) Breach of fiduciary responsibility or other financial misconduct?  Yes  No

g) Obstruction to a health care investigation?  Yes  No



## Volunteer Application

PLEASE READ:

The facts set forth in my volunteer application are true and complete. I understand that if accepted in a volunteer role, false statements or omissions on this application will result in revocation of my volunteer status.

Permission is hereby given to Premier Hospice to investigate previous employment, educational background and references. I release Premier Hospice and former employers from any liability resulting from any lawful information provided which may result in termination of my volunteer status.

I understand that Premier Hospice has a policy requiring that a background check be completed on all volunteers, and will be done upon completion of the Volunteer Training Program at no cost to me. I agree to provide any additional information necessary to complete the background check.

I understand that Premier Hospice has a policy prohibiting conflicts of interest or improper use of proprietary information which prohibits any release or use of Company property that would interfere with the business interests or operations of Premier Hospice.

I understand that my volunteer status may be terminated at any time by either Premier Hospice or myself with or without cause.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

1. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



## Volunteer Application

Volunteer Name: \_\_\_\_\_

What would you personally like to gain from your volunteer work? \_\_\_\_\_

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What might be the most challenging or difficult aspect of your volunteer work? \_\_\_\_\_

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What do you anticipate are some of the issues our patients and their families face? \_\_\_\_\_

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How do you handle stressful situations? \_\_\_\_\_

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Would you rather work in a one-on-one setting or a group environment? \_\_\_\_\_

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What accommodations should we make for your volunteer service (allergies, disabilities, etc.)?

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What method of transportation will you use for your volunteer work? \_\_\_\_\_

What do you see yourself doing in your volunteer role? \_\_\_\_\_

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Do you have any talents, skills, hobbies or interests that you would like to share with a patient?

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