



Volunteer Application

Thank you for your interest in becoming a hospice volunteer. Quality Hospice will also conduct a criminal background check for your protection and to ensure the safety of our patients and their families. We appreciate your willingness to join the Quality Hospice team!

GENERAL INFORMATION

Name (First, Middle, Last)	Are you over 18 years old? [] Yes [] No	DOB (Month/Day)
Address:	Home Phone	Cell Phone
City, State, Zip	Email Address	
Employer	Occupation	
Briefly describe the work you do	Working Hours	Work Phone
Level of Education: [] High School/GED [] Some College [] College Degree [] Post Graduate	Please list any foreign language(s) you speak	

Please note time that you would be available for volunteering:

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time (AM/PM)							

PERSONAL INFORMATION

RELIGIOUS AFFILIATION (optional – this assists us in proper placement of our volunteers. We service patients regardless of religious affiliation.)

[] None [] Protestant [] Catholic [] Jewish [] Other _____

Have you done any volunteer work previously? If yes, please describe: _____

What organizations or clubs do you belong to? _____

Name: _____ Hometown: _____

How far are you willing to drive (one-way)? _____

Will you sit in a home with pets? Yes No

Will you sit in a home with smokers? Yes No

Are you willing to sit with a patient who is HIV positive or has AIDS? Yes No

Are you willing to sit with a patient whose religious beliefs are different than yours? Yes No

Are you willing to sit with children (either as our patient or not)? Yes No

Is there any situation that you feel strongly about NOT being placed in? _____

AREAS OF INTEREST (Please check all areas in which you are open to helping)

Direct:

- | | | |
|---|---|---|
| <input type="checkbox"/> Patient and/or family visits | <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Shopping/Running errands |
| <input type="checkbox"/> Relieve primary caregiver | <input type="checkbox"/> Read to patient | <input type="checkbox"/> Homemaking chores |
| <input type="checkbox"/> Write letters | | |

Indirect:

- | | | |
|---|--|---|
| <input type="checkbox"/> Office Assistance | <input type="checkbox"/> Computer work | <input type="checkbox"/> Memorial Services |
| <input type="checkbox"/> Special Events/Health Fairs | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Lawn Care (mowing, bringing in
Firewood, flowers) | <input type="checkbox"/> Mailings | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Professional Services
(prepare wills, taxes) | | |

Please check or list any special skills, gifts, training or hobbies that you are willing to use/share with us:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Music | <input type="checkbox"/> Teaching | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Arts/Crafts |
| <input type="checkbox"/> Home Repair | <input type="checkbox"/> Hair Styling | <input type="checkbox"/> Story Telling | <input type="checkbox"/> Clerical Work |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Floral Design | <input type="checkbox"/> Gardening/Yardwork | |
| <input type="checkbox"/> Sewing/Knitting/Crocheting | <input type="checkbox"/> Other _____ | | |

Would you be available for training sessions? [] Yes [] No

Do you have reliable transportation? [] Yes [] No

Do you have a valid Tennessee driver's license? [] Yes # _____ [] No

Do you have automobile liability insurance? [] Yes [] No
(Auto insurance is required if you use your car for hospice work)

Have you been convicted of a felony within the last 7 years? [] Yes [] No
(Conviction will NOT necessarily disqualify you from volunteering)

Why do you wish to be involved in hospice? _____

Have you had any experience with the terminally ill? [] Yes If so, please explain below [] No

Has someone close to you died in the past 12 months? If so, who? _____

PERSONAL REFERENCES

Please list two references not related to you (professional, volunteer supervisors, co-workers)

By signing below, I authorize Quality Hospice to contact these persons to obtain personal reference checks.

<i>Name Address (City, State only)</i>	<i>Phone Number(s)</i>	<i>Relationship</i>	<i>Years Known</i>

In Case of Emergency Quality Hospice should notify:

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Physician _____ Physician Phone _____

Quality Hospice complies with Equal Opportunity guidelines. Employment at Quality Hospice as well as volunteering and hospice services are available to all qualified individuals, regardless of race, color, religion, national origin, age, sex or disability.

Signature of Applicant _____

Date _____