



Hospice Volunteer Application

Please Read before completing this application:

This company does not discriminate in the recruitment, hiring, and conditions of employment (*volunteering*) on the basis of race, color, religion, national origin, sex, disability, age, or veteran status and any other applicable laws. Your completed application will be reviewed carefully. However, applying for Volunteer opportunities does not guarantee acceptance into this program. Volunteer consideration necessitates that you meet all minimum qualifications and requirements for the applied position.

PERSONAL DATA

Name: _____ Phone/ Cell #: _____

Mailing Address: _____

Email Address: _____

Employer: _____ ☐ Full Time ☐ Part Time ☐ PRN

Employer Address: _____ Business Phone#: _____

Emergency Contact #1: _____ Phone/Cell #: _____

Emergency Contact #2: _____ Phone/Cell #: _____

Are you over the age of 18? ☐ YES ☐ NO

If NO, are you at least 16 years of age? ☐ YES ☐ NO

GENERAL INFORMATION

How were you referred to our company? _____

Specific name of referral source indicated *above*, if applicable: _____

When are you available to volunteer? ☐ Weekday ☐ Weekend(s) ☐ School Year ☐ Other _____

Do you have access to reliable transportation? ☐ YES ☐ NO

EDUCATION

☐ High School ☐ Associate Degree ☐ Some College ☐ Bachelor's Degree ☐ Master's Degree ☐ Post Graduate ☐ Other _____

PREVIOUS VOLUNTEER EXPERIENCE:

Organization Type of Work

Organization Type of Work

REFERENCES: (Professional or personal)

Name	Address/Email Address	Phone/Cell#	Relation	Time Known

VOLUNTEER POSITION PREFERRED: (Please **check boxes** of interest)☐ **DIRECT PATIENT CARE**

- ☐ Companionship/ Socialization/ Caregiver Relief
- ☐ Assistance with Meal Preparation/ Light Household Chores
- ☐ Spiritual/ Bereavement/ Emotional Support
- ☐ Vigil Volunteering (sitting with and attending to our actively dying patients)
- ☐ Veteran Volunteers
- ☐ Pet Therapy (requires certification of therapy animal)
- ☐ Enrichment Services (music/art)

☐ **ADMINISTRATIVE SUPPORT** (Data entry, filing, copying, assistance with mailings, etc.)☐ **OTHER:** _____Do you speak a foreign language? ☐ YES ☐ NO Specify: _____Are you an active service member/ Veteran? ☐ YES ☐ NO Specify: _____

Other skills and interests? _____

CODE OF ETHICS FOR VOLUNTEERS

As a Volunteer, I realize 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 accountability for my work and will seek to fulfill my responsibilities to the best of my ability. I understand that any information disclosed to me while assisting Gentiva is confidential. I interpret my role as Volunteer to mean that I have agreed to work without monetary compensation. Having been accepted as a Volunteer, I will do my work according to the standards set forth in the Volunteer Orientation Manual and description. I agree to a background investigation.

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 and consenting for a background investigation I am authorizing inquiries to be made concerning my employment, character, and public records for the sole 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 patient or family in the course of my Volunteer activities with Gentiva.

Printed Name_____
Signature_____
Date