

# VOLUNTEER APPLICATION

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: Miss/Mr./Mrs./Ms.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE PLACE AN "X" WHERE APPROPRIATE IN ANSWER TO THE FOLLOWING**

## I. Education - Highest Level of Education:

\_\_\_\_ Some or No High School      \_\_\_\_ High School Graduate

\_\_\_\_ Some College      \_\_\_\_ College Graduate

\_\_\_\_ Some Technical School      \_\_\_\_ Technical Graduate

\_\_\_\_ Post Graduate Work

Please specify your field of study: \_\_\_\_\_

Please list any current professional license number(s) and expiration date(s): \_\_\_\_\_

Do you carry Professional Liability Insurance? \_\_\_\_ Yes      \_\_\_\_ No

## II. Employment:

\_\_\_\_ Full-time      \_\_\_\_ Part-time      \_\_\_\_ Not employed

Current Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**III. Please provide THREE (3) references below:**

NAME                                      ADDRESS                                      CONTACT NUMBER

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**IV. Volunteer Experience:**

Organization Name                      Dates                                      Duties

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**V. Special Skills:**

\_\_\_\_ Nursing    \_\_\_\_ Teaching              \_\_\_\_ Counseling  
\_\_\_\_ Typing    \_\_\_\_ Cooking    \_\_\_\_ Hair Styling  
\_\_\_\_ Music    \_\_\_\_ Drama    \_\_\_\_ Arts & Crafts  
\_\_\_\_ Handyman    Skills \_\_\_\_ Foreign Language (Please Specify) \_\_\_\_\_  
\_\_\_\_ Other (Please Describe) \_\_\_\_\_

**VI. Health:**

Describe your general health in the past year:

\_\_\_\_ Good    \_\_\_\_ Fair    \_\_\_\_ Poor

Please specify any physical restrictions that may affect your volunteer placement with Hospice of Orleans, Inc.: \_\_\_\_\_

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**VII. Personal Experience with Death:**

Have you experienced any deaths in your family or those close to you?

\_\_\_\_ Yes    \_\_\_\_ No

Please specify your relationship and when they died: \_\_\_\_\_

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**VIII. Transportation:**

Do you drive? Yes \_\_\_\_\_ No \_\_\_\_\_

**IX. Volunteerism:**

How did you learn of Hospice of Orleans, Inc.?: \_\_\_\_\_

\_\_\_\_\_

Why do you want to be a Hospice volunteer?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**X. Please check area(s) of interest:**

DIRECT CARE

\_\_\_\_\_ Respite care for terminal care clients/families

PUBLIC RELATIONS/SPECIAL EVENTS

\_\_\_\_\_ Willing to speak and/or assist at public relations/special events

FUNDRAISING

\_\_\_\_\_ Join Fundraising Advisory Council

\_\_\_\_\_ Chair/Serve on fundraising events

\_\_\_\_\_ Sell raffle tickets

\_\_\_\_\_ Assist with grant writing

EDUCATION

\_\_\_\_\_ Hospice Advocacy: Local, State, Federal

\_\_\_\_\_ Public presentations to local organizations

\_\_\_\_\_ Organization of volunteer training sessions

OFFICE

\_\_\_\_\_ Collate and fold newsletter quarterly

\_\_\_\_\_ General assistance (e.g.: office coverage, typing, filing, etc.)

GENERAL

\_\_\_\_\_ Refreshment Committee (hostess, baker, etc.)

\_\_\_\_\_ Telephone Committee

\_\_\_\_\_ Transportation of clients/families

**XI. Training:**

A mandatory thirty (30) hour training course must be successfully completed for all volunteer assignments except for office and/or service volunteers. Which would be more convenient?

\_\_\_\_\_ Day Training Classes \_\_\_\_\_ Evening Training Classes

**XII Legal:**

Excluding traffic infractions have you ever been charged and/or convicted of any violation of the law in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the following details:

Date of Offense: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Class of Offense: \_\_\_\_\_ Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_ Violation

Disposition of Charge(s): \_\_\_\_\_

Jurisdiction of Offense: \_\_\_\_\_

**XIII Applicant Certification:**

I certify that the answers given on this volunteer application are true and complete to the best of my knowledge. I understand that misrepresentation of any material fact may be cause for rejection of my application and/or termination of my volunteer status.

I also understand that, if hired as a Hospice volunteer, I am required to abide by all policies, procedures, rules and regulations of the agency.

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name Printed \_\_\_\_\_

\*Applicant Social Security Number \_\_\_\_\_

(\*\*APPLICABLE FOR RESPITE VOLUNTEERS ONLY}

Please return completed application to  
Hospice of Orleans, Inc.  
ATTN: Christine Fancher, Volunteer Coordinator  
P.O. Box 489  
Albion, NY 14411-0489  
Revised October 2007