

# Volunteer Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Mailing Address: \_\_\_\_\_

*Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

E-mail Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Are you currently employed? YES  NO  If you are working, YES  NO   
 may we contact you at work?

Area(s) of Interest:

- Patient Support      Thrift Store (\_\_\_ Clearlake \_\_\_ Lakeport \_\_\_ Lucerne \_\_\_ Middletown)  
 Administrative/Clerical/Misc.      Special Events      Community Relations/Fundraising  
 Bereavement      Board/Leadership

**We occasionally have a need for volunteers with specific skills or knowledge.  
 Please answer the following optional questions to assist us with your volunteer placement:**

Do you speak a language other than English? YES  NO  If yes, indicate language and level of fluency:

Are you a veteran? YES  NO

Do you have experience with addiction and recovery? YES  NO

How did you hear about our agency?

If by newspaper or radio, which newspaper or radio station?

All employees and volunteers are required to pass a drug screen and background check. Are you willing to submit to a drug screen and background check at our expense? YES  NO

## Special Skills, Licenses, and Certifications

**List any special skills and training that are relevant to your area of volunteer interest.**

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**Why are you interested in volunteering for hospice?** (skip this section, if you are filling out the supplemental questionnaire)


**Declaration**

As a volunteer I realize that 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 certain responsibilities and expect to account for what I do in terms of what is expected of me.

***I understand that any information that is disclosed to me while assisting Hospice Services of Lake County is confidential. I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities.***

I interpret "volunteer" to mean that I have agreed to work without compensation in money but having been accepted as a volunteer worker.

**I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities.**

Signature \_\_\_\_\_

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

For office use only:	Background check	date _____
	Drug screening	date _____
	TB screen reading	date _____
	Orientation	date _____
	Patient Support training	dates _____



6. How do you respond to feelings of helplessness?

7. What gifts do you bring to the patients and families in the Hospice program?

8. What do you hope to gain from this experience?

Applicant's Signature

\_\_\_\_\_ Date \_\_\_\_\_