

This is my Home. This is my Hospice.



Cypress Basin Hospice
VOLUNTEER SERVICES APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

BEST WAY TO CONTACT (CHOOSE ALL THAT APPLY):

TEXT _____ EMAIL _____ REGULAR MAIL _____

EMAIL: _____

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

T-SHIRT SIZE: _____

EMPLOYER: _____

OCCUPATION: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

EDUCATION/SPECIAL TRAINING: _____

WORK EXPERIENCE: _____

IDENTIFIED AREAS OF INTEREST: (non-patient does not require 20 hour education course).

PATIENT/FAMILY SERVICES

In Home In Nursing Home In Other Facilities

NON-PATIENT SERVICES

Clerical Fundraising Mailings Events Answering phones
 Data Entry

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Do you know a language other than English? Yes No

LANGUAGE: _____ Speak Read Write

Other special services: (manicurist, hairdresser, masseuse, carpentry, etc.)

Do you have access to transportation? Yes No

Are you a veteran? Yes No If yes, what branch? _____

How did you hear about our Hospice Volunteer Program? _____

Why do you want to be a hospice volunteer? _____

What qualities (skills, talents, knowledge, and experiences) do you feel you can incorporate into your hospice volunteer work? _____

Death and Dying

What are your thoughts and feelings about death?

Have you ever been with someone at their time of their death? _____

Have you ever provided care to anyone who was dying? Yes No (If yes, please explain). _____

When thinking of your own death, what words best describe death to you?

I do not think about my own death. sorrowful natural frightening dark
 painful lonely joyful heavy peaceful

Other _____

Comments: _____

CODE OF ETHICS FOR VOLUNTEERS

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 the Hospice patient is confidential. I interpret “volunteer” to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

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 I authorize inquiries to be made concerning my employment, character and public records for the 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 client information I acquire in the course of my volunteer activities with Hospice.

APPLICANT SIGNATURE: _____

DATE: _____