

3520 Grand Avenue
Des Moines, Iowa 50312
Phone: 515-271-6777
Fax: 515-284-1996



VOLUNTEER APPLICATION

Thank you for your interest in WesleyLife Hospice, a WesleyLife Community. If you have any questions, please contact Kathleen Fleming, Volunteer Coordinator at 515-271-6765 or kfleming@wesleylife.org

Date of Application: _____
Last Name: _____ First Name: _____ M.I. _____
Street Address: _____ City/ State/ Zip: _____
Primary E-mail address: _____
Home Phone:/ Hours: _____ Work Phone/ Hours: _____
Date of Birth: _____
Emergency Contact/ Relationship: _____ Emergency #: _____

All About You (Please write "N/A" if not applicable)

Occupation _____
Employer _____
Employer Location _____
Church Affiliation _____
Church Location (City) _____
Civic Affiliation(s) _____

Check the areas of volunteer work that interest you.

- | | |
|---|--|
| <input type="checkbox"/> Home Visits Patients/ Families | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Telephone Communication Patients/ Families | <input type="checkbox"/> Hairstyling |
| <input type="checkbox"/> Hands-On Patient Care | <input type="checkbox"/> Musical Instruments |
| <input type="checkbox"/> Clerical, Office, Computer Skills | <input type="checkbox"/> Foreign / Sign Language |
| <input type="checkbox"/> Transportation / Running Errands | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Other skills / interests: | |

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Why are you interested in volunteering at WesleyLife Hospice? _____

Have you had any previous volunteer or employment experience that may assist you in volunteering? If so, briefly describe: _____

Please list any interests or skills you might like to share or use while volunteering: _____

Have you had any special training(s) which may be applicable to this volunteer position? If so, please list.

Have you experienced any recent deaths in your family? _____

WesleyLife Hospice encourages a waiting period of one year for those who have experienced a loss to allow for processing of grief prior to becoming a volunteer

If you wish, please share any other information or comments in regard to your application for this volunteer position. _____

Volunteer Requirements

Are you volunteering to fulfill a special requirement (community service, high school service hours, etc.)? If so, please specify:

When are you available (check all that apply)? AM Weekdays PM Weekdays

AM Saturday PM Saturday AM Sunday PM Sunday Anytime

Approximately how many hours would you like to volunteer? _____ per week per month

Do you have any special requirements in order to perform the volunteer job for which you have applied? If so, please specify: _____

How did you learn of volunteer opportunities with WesleyLife Hospice?

Business referral

WesleyLife website

Radio

Church

Newspaper

United Way

Internet

Personal Referral

Resident referral

WesleyLife Staff

Public Advertisement

Volunteer Center

Other: _____

Personal References (other than family):

Name: _____	Relationship: _____
Telephone: _____	E-Mail: _____
Name: _____	Relationship: _____
Telephone: _____	E-Mail: _____
Name: _____	Relationship: _____
Telephone: _____	E-Mail: _____

Acknowledgements

I give my permission to have any requested records checks made by the Division of Criminal Investigation and the Iowa Central Child Abuse, Dependent Adult Abuse and Sex Offender Registry. Yes No

I acknowledge that consideration for my volunteer application is contingent on the results of reference checks, background checks. Yes No

WesleyLife Hospice does not discriminate on the basis of race, age, sex, religion or national origin.

Confidentiality Statement

Every volunteer at WesleyLife Hospice has an obligation to keep in confidence all information that pertains to the people we serve. The private lives and business of our clients, employees and volunteers are not to be revealed or discussed with any unauthorized persons.

In addition, the protection of confidential business or intellectual property is vital to the interests and success of WesleyLife Hospice. Such confidential information includes, but is not limited to, marketing strategies, advancement plans, financial information, compensation data, technological data and pending projects and proposals.

Volunteers who improperly use or disclose confidential information will be subject to disciplinary action, up to and including termination, even if they do not actually benefit from the disclosed information.

I have read and understand the above confidentiality statement and agree to abide by it.

Applicant's Signature: _____ Date: _____

**Please return this application to WesleyLife Hospice,
3520 Grand Avenue, Des Moines, IA 50312**

Attn: Kathleen Fleming, Volunteer Coordinator at 515-271-6765 or kfleming@wesleylife.org