

Name: _____ DOB: _____

Address: _____

Phone: (h) _____ (c) _____

Email: _____

Mark all Counties willing to serve:

Adams____ Brown____ Hancock____ Pike____ Greene____ Jersey____ Calhoun____

Type of Service(s) Desired:

Administrative: Various Office Duties and /or Phone Calls____ Post Admission Calls____

Reception Desk____ Scanning Documents____ Public Speaker____ Trainer____

Patient Care: Socialization____ Respite____ various types of Errands____ Other____

Bereavement: Social Visit____ Phone Calls____

B.E.S.T. (Bedside Emotional Support Team)

List any Special talents that you are willing to share. (Ex.-Music talent-Hair Stylist-Juggler) _____

References: (Non-relative)

1. Name: _____

Address: _____

City/State/Zip: _____ Telephone: _____

2. Name: _____

Address: _____

City/State/Zip: _____ Telephone: _____

DECLARATION AND AUTHORIZATION

I, _____ certify that all information that I have provided to you is true, accurate and complete. I authorize you to contact my named references to seek information from them that may be relevant to my application for volunteer service. I release them and Blessing Health System from any/all liability for any damages whatsoever that may occur as a result of this exchange of information. I understand that all work with Blessing Hospice and Palliative Care and its patients are of a confidential nature and that all of my volunteer services are performed without compensation. I have read and understand the ICARE standards.

Signed (Volunteer): _____ Date: _____

Signed (Vol. Coordinator): _____ Date: _____