



# HOSPICE of Kankakee Valley

*Our family, caring for yours*  
**Volunteer Application**

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_  
S.S.# \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Can receive calls at work: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Emergency Only

**Person to be notified in an emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Education/Special Training:**

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

**Work Experience:**

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

**Two Personal References** (excluding family members)

\*Please provide a complete address as references are verified by mail.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Identified Areas of Interest:**

*Patient/Family Care*

\_\_\_\_\_ In Home \_\_\_\_\_ Nursing Home \_\_\_\_\_ Pick Up or Delivery of Medicine/Supply/Meals

*Bereavement*

\_\_\_\_\_ Caller \_\_\_\_\_ Home Visits \_\_\_\_\_ Support Group Co-Facilitator \_\_\_\_\_ Visitation

*Non-patient Services*

\_\_\_\_\_ Clerical \_\_\_\_\_ Fundraising \_\_\_\_\_ Mailings \_\_\_\_\_ Marketing \_\_\_\_\_ Telephone \_\_\_\_\_ Data Entry

**Do you know a language other than English?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Language: \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write

Language: \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write

**Other Special Services:** (manicurist, hairdresser, masseuse, etc.)

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Do you have access to transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have car insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**How did you hear about Hospice of Kankakee Valley's volunteer program?**

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**Why do you want to volunteer for us?**

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**Death and Dying**

What are your thoughts and feelings about death? \_\_\_\_\_

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Have you ever been with someone at the time of death? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe briefly: \_\_\_\_\_

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Have you ever provided care to someone who was dying? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe briefly: \_\_\_\_\_

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When thinking of your own death, what word best describes death to you?

\_\_\_\_ I don't think about my own death \_\_\_\_ sorrowful \_\_\_\_ natural \_\_\_\_ frightening \_\_\_\_ painful \_\_\_\_ lonely \_\_\_\_ joy

\_\_\_\_ heavy \_\_\_\_ peaceful \_\_\_\_ dark \_\_\_\_ other: \_\_\_\_\_

**Availability**

Are you available to volunteer at least 4 hours a week? \_\_\_\_\_ Yes \_\_\_\_\_ No

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 professionals 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 while assisting Hospice of Kankakee Valley is confidential.**

I interpret "volunteer" to mean that I agree to work without compensation in money. Having been accepted as a volunteer worker, I expect to perform 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 for Hospice of Kankakee Valley. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Hospice of Kankakee Valley.**

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Applicant Signature

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Date

### Drop off or mail application to:

Hospice of Kankakee Valley  
482 Main St. NW  
Bourbonnais, IL 60914

### Or fax to:

815.936.3375

**Call Mary Thomson at 815.939.4141 with questions.**