



CYPRESS BASIN HOSPICE

VOLUNTEER APPLICATION

NAME _____ BIRTHDATE _____
ADDRESS _____
CITY _____ ZIP _____
HOME PHONE () _____ WORK PHONE () _____
CELL PHONE () _____ EMAIL _____
SOCIAL SECURITY NUMBER _____
BEST WAY TO CONTACT (CHOOSE ALL THAT APPLY)
TEXT _____ EMAIL _____ REGULAR MAIL _____
EMPLOYER _____
OCCUPATION _____
CAN YOU RECEIVE CALLS AT WORK? ☐ Yes ☐ No ☐ **Emergency only**

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____

EDUCATION/SPECIAL TRAINING: _____

WORK EXPERIENCE: _____

TWO PERSONAL REFERENCES: (excluding family members). PLEASE PROVIDE A COMPLETE ADDRESS, AS REFERENCES MAY BE VERIFIED BY MAIL.

NAME: _____ PHONE: () _____
ADDRESS _____ CITY: _____

NAME: _____ PHONE: () _____
ADDRESS: _____ CITY: _____

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

PROMOTING QUALITY END-OF-LIFE CARE THROUGH HOLISTIC COMPASSIONATE SUPPORT

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: _____