

Serenity Hospice & Palliative Care

Volunteer Application

Name of Applicant _____ **Birthdate** ____/____/____
Please print

Address _____
Street City Zip Code

Home Phone _____ **Social Security Number** ____ - ____ - ____

Employer _____ **Occupation** _____

Work Phone _____ **Can you receive calls at work?** ___Yes ___No

E-Mail Address: _____

Person to be notified in case of emergency:

Name _____ Phone _____

Address _____
Street City Zip Code

Education/Special Training:

Have you ever been convicted of a felony? _____

Work Experience:

Two Personal References (excluding family members)

Please provide a complete address, as references may be verified by mail.

Name _____ Phone _____

Address _____
Street City Zip Code

Name _____ Phone _____

Address _____
Street City Zip Code

Identify areas of interest:

Patient/Family Care

_____ In Home
_____ In Nursing Home

Bereavement

_____ Caller
_____ Home Visits
_____ Office/Clerical

Non-Patient Services

_____ Clerical
_____ Fundraising
_____ Mailings
_____ Events
_____ Data Entry

Do you speak a language other than English?

Language _____ ()Speak ()Read ()Write

Language _____ ()Speak ()Read ()Write

Other special services: (manicurist, hairdresser, massage therapist, etc.)

Do you have access to transportation? _____yes _____no

How did you hear about the Serenity Hospice volunteer program? _____

Why do you want to be a hospice volunteer? _____

Does your family/spouse support your decision to be a hospice volunteer? _____

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

How do you see hospice volunteer work satisfying your personal needs or reasons for pursuing a volunteer position?

Death And Dying

Do you fear death? _____

Do you fear the death of a loved one more or less than your own? More Less

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

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

I do not think about my own death. sorrowful natural frightening

painful lonely joyful heavy peaceful dark

Other: _____

Other comments: _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____ **Signature:** _____