



VOLUNTEER APPLICATION FORM

Please complete all sections of this form. This form is part of the permanent volunteer file at Queen City Hospice. All volunteer information and files are kept confidential in secure storage and are only available to authorized Hospice staff and/or volunteers.

Please introduce yourself and let us get to know you better.

Name: _____

Address: _____ Apt#: _____

City: _____ Zip Code: _____

How may we contact you? Home: () _____ Cell: () _____

Is it OK to leave a message? _____

Email: _____ ***Do you check your email often?*** Yes No

Best way to contact you _____

Please tell us more about yourself:

Employed Retired Student

Birthday (month/day): _____

Do you have a valid Driver's License? Yes No

Can you provide your own transportation? Yes No

Have you ever been convicted of a crime? Yes No If yes, please explain.

Conviction of a crime will not be a bar to employment depending on if its job related:

How did you hear of this volunteer opportunity at Queen City Hospice?

Newspaper Ad

Friend

Personal contact

Community Source

Other: _____

Additional Information:

Do you speak a language other than English? Yes No

If yes, please list: Language _____ Speak Read Write

What is your educational background?

What are your hobbies, interests, and skills?



Volunteer Skills and Interests

Briefly, state why you would like to volunteer with Queen City Hospice:

Do you have any other volunteer experience?

Is there anything that worries you about being a hospice volunteer?

Have you had any experience with the terminally ill? Yes No

If yes, please describe the nature of involvement:

Due to the sensitive nature of hospice care, Queen City Hospice seeks volunteers that have not lost a loved one in the past year. Has it been a year or more since the loss of a loved one? Yes No

References

Please list two personal references (excluding family members).

1. Name _____

Address _____

Phone _____

2. Name _____

Address _____

Phone _____



It is the policy of Queen City Hospice to provide service to clients and their families without consideration of race, ethnic background, sexual orientation or religion. Do you have any reservations complying with this policy? Yes No

I understand that the information provided in this application to Queen City Hospice is part of the permanent volunteer file at Queen City and is only available to authorized Hospice staff and volunteers.

I understand that if I am accepted as a volunteer with Queen City Hospice I am agreeing to attend volunteer support and education sessions provided by Queen City Hospice and abide by the policies and procedures of Queen City Hospice.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Queen City Hospice permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Queen City Hospice from any liability as a result of such contact. I also understand that Queen City Hospice requires pre placement drug testing, background check/finger printing, and TB testing and consent to and compliance with such policy is a condition for acceptance as a volunteer.

Volunteer Signature: _____ Date: _____

***Thank you for your interest in Queen City Hospice Volunteer program.
We will be in contact shortly.***