

Volunteer Application Form

Thank you for your interest in becoming a hospice volunteer. This application form was developed specifically for the Jansen Hospice and Palliative Care program. Some of the questions may seem unduly personal or private, however, please be assured that this information has proven to be most helpful in making volunteer assignments and is used exclusively for that purpose.

NAME _____	DATE _____
ADDRESS _____ (Home)	PHONE _____ (Home)
_____	_____
(Business)	(Business)
EMERGENCY CONTACT _____	PHONE _____

How did you become acquainted with Jansen? _____

Which branch of volunteering are you interested in? Patient Care Program

Are you currently employed? Yes No

<i>Education/Schools Attended</i>	<i>Year</i>	<i>Degree</i>	<i>Major</i>

<i>Employment History</i>	<i>Dates</i>	<i>Description</i>

<i>Volunteer Experience</i>	<i>Dates</i>	<i>Description</i>

HEALTH STATEMENT

In order to assure proper placement of all volunteers, we do request that you answer the following question: Do you have a disability which might affect your performance or create a hazard to yourself or to others in connection with the job for which you are applying? If so, please state the following: (1) skills and procedures you use or intend to use to perform the job notwithstanding the disability, and (2) accommodations we could make which would enable you to perform the job properly and safely, including special equipment, change in physical layout of the job, elimination of certain duties relating to the job or other accommodations.

EXPLAIN: _____

DATE: _____

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

Daytime Access to a car? Yes No

Willing to provide transportation? Yes No

Have you ever been convicted of a crime? Yes No

If you were, please give date(s) and State(s) in conviction occurred:

Do you have any specific skills (e.g., Office, Arts & Crafts, Music)?

Do you speak any language fluently other than English?

What has motivated you to want to be a hospice volunteer for Jansen?

Has someone close to you died? When did the loss occur?

How did you experience the loss?

When are you available to volunteer? Days Evenings Weekends

I certify that the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of acceptance as a volunteer.

(Signature of Applicant)

(Date)

Federal and New York State Law prohibits discrimination because of age, race, creed, color, mental status, religion, sex, national origin, disability, Vietnam or Veteran status.

REFERENCES:

Three references are required of hospice volunteers (personal and/or employment references):

NAME _____	PHONE _____ <i>(Daytime)</i>
ADDRESS _____ _____	POSITION _____ _____
Relationship to Applicant _____	

NAME _____	PHONE _____ <i>(Daytime)</i>
ADDRESS _____ _____	POSITION _____ _____
Relationship to Applicant _____	

NAME _____	PHONE _____ <i>(Daytime)</i>
ADDRESS _____ _____	POSITION _____ _____
Relationship to Applicant _____	

I hereby authorize Jansen Hospice and Palliative Care to request information from the above persons regarding my services and character, and do hereby unconditionally release the persons providing the reference from all liability for any damage whatsoever which might result from furnishing same.

(Signature of Applicant)

(Date)