

AMC Hospice of the Shenandoah Volunteer Application

() Administrative () Bereavement () Patient Care () Shenandoah House

Name: _____ Date: _____

Address: _____ Phone (H): _____

_____ Phone (W): _____

Employer: _____ Occupation: _____

E-Mail Address _____

Can you receive calls at work: Yes No Emergency Only

Person to be notified in an emergency:

Name : _____ Relationship: _____

Phone (H): _____ Phone (W): _____ Cell: _____

Address: _____

Sex: () Male () Female Date of Birth: _____

Religious Affiliation: _____

Education/Special Training: _____

Work Experience: _____

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.*)

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? _____

Describe any physical limitations that would be helpful to know when assigning you to volunteer. (*bad back, hearing/vision problems, allergies, etc.*) _____

Have you ever done volunteer work before? Yes No

If yes, please specify: _____

Death and Dying

What are your thoughts and feelings about death? _____

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

If yes, please describe briefly: _____

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 Painful
 Lonely Joyful Heavy Peaceful Dark

Other _____

What are your personal hobbies/areas of interest (this information is helpful when assigning volunteers to patients)? _____

Comments: _____

Three Personal References (excluding family members). Please provide a complete address.

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____

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 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