

HospiceTM

OF CENTRAL PENNSYLVANIA

APPLICATION FOR VOLUNTEER WORK

DATE

Main office: 1320 Linglestown Rd, Harrisburg PA 17110 PH:717-732-1000
Carlisle office: 145 S. Hanover St, Carlisle PA 17013 PH: 717-241-0014
Pottsville office: 401 Beechwood Dr, Mar Lin PA 17951 PH: 570-628-2290
www.hospiceofcentralpa.org

Name	Daytime Phone
Address	Evening Phone
	Cell:

Email Address:

AVAILABILITY and INTEREST

When can you attend volunteer training?
 Daytime Evening No Preference

When are you available to provide regular volunteer service? Check all that apply
 Weekdays Weekday evenings Weekend daytime Weekend evenings

Can you be called in an emergency? Daytime Evening Weekend Anytime Not able

Do you hold a valid PA drivers' license? yes no

Do you have access to a vehicle for your volunteer work? yes no

Please indicate the areas of volunteering you would like to consider:

Direct patient care and family support

In-home care

Hospice Residence

Nursing Home/ Care facility

Transportation of clients

Errands/ light housekeeping

Non-patient volunteering:

Clerical/ Administrative support

Care & maintenance of hospice residence

Public speaking/ community outreach/ Education

Special events/ fund raising projects

HCP Committee membership

Other special interests/abilities

Completion of this section is optional. These questions may seem unduly personal, however they will be helpful in making future volunteer assignments.

Gender (M or F) _____ Date of birth _____ Marital status: S M W D
Ethnic background _____ Religion: _____
Fluency in other language(s)?
Are you a Veteran?

Education: Highest year or degree attained: _____ Year education completed: _____

Name & Address of school attended:

EMPLOYMENT INFORMATION *We contact current and previous employers for references*

Currently Employed? ___ Yes ___ Full time ___ Part time ___ No ___ Retired

Employer _____ Phone _____

Address: _____

Work Phone: _____ Position/ Job title:

Dates of employment: _____

Previous Employers:

Company: _____ years: _____

Address: _____

Phone _____

Company: _____ years: _____

Address: _____

Phone _____

List any professional credentials you hold, including license # and date of expiration:

Have you ever worked or volunteered for a hospice? If so, give name, address of agency, years employed, and position held.

REFERENCES:

Please provide the names, addresses and phone numbers of three (3) persons not related to you whom we may contact. Indicate the relationship and how long you have known the person.

1)

2)

3)

LIFE EXPERIENCES AND INTERESTS (Use back of page if necessary)

1. Please explain briefly why you are interested in becoming a volunteer for Hospice of Central Pennsylvania.

2. Have you had any personal experiences with death & dying? Please describe briefly indicating the year(s) of each experience.

3. What other volunteer work are you currently involved in? Please give agency names and positions held.

4. What volunteer work have you been involved with in the past?

5. How did you hear about Hospice of Central PA and/or volunteer training?

6. Your hobbies or special interests:

LIABILITY

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

- 2. Have you ever had your driver's license suspended? Yes No
If yes, please explain.

- 3. Have you ever been convicted of a crime or dismissed from employment or volunteer service due to sale or use of controlled substances, sexual misconduct, or the abuse, neglect, or physical violence involving other persons?
 Yes No

- 4. Have you ever been bonded? Yes No

- 5. Have you ever been named as a perpetrator in an indicted or founded report of child abuse?
 Yes No

COMMITMENT

- 1. Are you willing to train in Hospice care for 30+ hours?
Yes No (check one)

- 2. Are you willing to provide a minimum of four (4) hours a week to Hospice when actively involved with patients/families?
Yes No

- 3. Will you be able to attend monthly continuing education/support meetings after becoming a HCP volunteer?
Yes No

To the best of my knowledge the information contained in this application is true and correct. I understand that any false information may result in my application being denied, or my volunteer status being terminated. Further, I give Hospice of Central Pennsylvania permission to contact the references and employers named in this application and do criminal background checks on the above information provided.

SIGNATURE _____ **DATE** _____

HCP complies with Title VI of the Civil Rights Act 1964, and the Rehabilitation Act 1973, and the Age Discrimination Act 1975.