



Hospice of Central PA

**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  Address	Daytime Phone  Evening Phone  Cell
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Email Address
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<p><b>AVAILABILITY and INTEREST</b></p> <p>When can you attend volunteer training?  <input type="checkbox"/> Daytime    <input type="checkbox"/> Evening    <input type="checkbox"/> No Preference</p> <p>When are you available to provide regular volunteer service? Check all that apply  <input type="checkbox"/> Weekdays    <input type="checkbox"/> Weekday evenings    <input type="checkbox"/> Weekend daytime    <input type="checkbox"/> Weekend evenings</p> <p>Can you be called in an emergency? <input type="checkbox"/> Daytime    <input type="checkbox"/> Evening    <input type="checkbox"/> Weekend    <input type="checkbox"/> Anytime    <input type="checkbox"/> Not able</p> <p>Do you hold a valid PA drivers' license? <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p>Do you have access to a vehicle for your volunteer work? <input type="checkbox"/> yes    <input type="checkbox"/> no</p>
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**Please indicate the areas of volunteering you would like to consider:**

<p><b>Direct patient care and family support</b></p> <input type="checkbox"/> In-home care <input type="checkbox"/> Hospice residence <input type="checkbox"/> Nursing home/ care facility <input type="checkbox"/> Veteran to Veteran <input type="checkbox"/> Pet therapy
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<p><b>Non-patient volunteering</b></p> <input type="checkbox"/> Clerical/ administrative support <input type="checkbox"/> Bouquets of Hope <input type="checkbox"/> Community outreach/ education <input type="checkbox"/> Special events/ fundraising projects <input type="checkbox"/> Bereavement support
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*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**

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 agency? 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. Please list 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.