



APPLICATION FOR VOLUNTEER WORK

DATE _____

Main office: 1320 Linglestown Rd, Harrisburg PA 17110 | PH: 717-732-1000

Pottsville office: 401 Beechwood Dr, Marlin PA 17951 | PH: 570-628-2290

www.hospiceofcentralpa.org | volunteers@hospiceofcentralpa.org

Name _____

Address _____

Daytime Phone _____ 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 and family support

Bereavement support

Hospice residence

In-home care

Nursing home/care facility

Pet therapy

Veteran-to-Veteran

Non-patient volunteering

Bouquets of Love

Clerical/administrative support

Community outreach/education

Completion of the questions below is optional. These questions may feel a bit personal; however, they will be helpful in making future volunteer assignments.

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

EDUCATION (REQUIRED)

Highest year or degree attained _____ Year completed _____
Name & address of school attended _____

PREVIOUS EMPLOYERS

1. Company _____ Years _____
Address _____
Phone _____

2. 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

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

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

3. What other volunteer work are you currently involved in? Please give organization 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 the 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
- 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 PA permission to contact the references and employers named in this application and do criminal background checks on the above information provided.

SIGNATURE _____ DATE _____

By placing your name on the above lines, you agree that this is a valid signature and the information provided is accurate. HCP complies with Title VI of the Civil Rights Act 1964, the Rehabilitation Act 1973, and the Age Discrimination Act 1975.