**HoriSun Hospice Volunteer Application**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_

 (First) (Middle Initial) (Last)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street/PO Box) (City) (State) (Zip Code)

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Home) (Cell)

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part Time or Full Time? \_\_\_\_\_\_\_\_\_\_\_\_ May I call you at work? \_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call? \_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name/Relationship)

Do you have a health problem that could affect your volunteer work? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CMS (Centers for Medicare & Medicaid Services) require that all employees and volunteers have received the necessary shots to be fully vaccinated prior to providing care, treatment or services. Do you meet these requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

EDUCATION: Elementary \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Post Graduate \_\_\_\_\_

How did you hear about HoriSun Hospice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in hospice volunteering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE LIST TWO REFERENCES (other than relatives)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street/PO Box) (City) (State) (Zip Code)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street/PO Box) (City) (State) (Zip Code)

Are you currently or have you ever been an active member of the military? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so what branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid driver’s license?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Do you have reliable transportation?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Do you have liability insurance coverage, that covers passengers, on your personal vehicle?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

**AVAILABILTY (Please Check all that Apply)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**GENERAL QUESTIONS**

How far of a radius are you willing to drive in order to visit a patient (we serve the areas of Seward, Fairbury, Milford, Bennet, Firth, Ashland, Crete, Waverly, Lincoln)?

Can you speak, read, or write in any foreign language? If so, what language(s)?

Are you allergic to cats, dogs, smoke, etc.?

What are some of your hobbies/interests?

Personality traits that will help you as a hospice volunteer (i.e. dependable, compassionate, etc.)?

What is your expectation of volunteer work with hospice?

What experience(s) have you had working in a team setting and following direction?

What other type(s) of volunteer work have you done and for how long?

Are you comfortable working independently?

Have you had experience working with people who are terminally ill and/or with older adults?

Would there be any problems for you if there is a strong difference in religion between you and the patient/family?

What recent or significant losses have you experienced? How did you cope with those losses?

Are you or is anyone close to you currently living with a life-threatening illness?

What is your personal philosophy regarding the process of death and dying?

What are your beliefs about life after death?

How do you practice self-care?

Are you willing to make a minimum one-year commitment to volunteering at HoriSun Hospice?

**VOLUNTEER STATEMENT**

I wish to donate my services and understand there is no payment for services rendered under HoriSun Hospice. I agree to abide by the rules, regulations, and policies of the hospice. I further understand confidentiality must be maintained concerning patient and family information. I understand that if I do not abide by hospice rules, regulations, policies, or break confidentiality, I could be terminated from the Volunteer Program. I authorize HoriSun Hospice to investigate all statements made in this application and to contact my references or employer listed and conduct a criminal background check.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)