



# Village Home Health and Hospice Volunteer Application

Date: \_\_\_\_\_

**Name:** *Please*

*Print* \_\_\_\_\_

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

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\_\_\_\_\_

**Primary**

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ *(must be at least 18 yrs old)*

**Name of Employer** (if retired, former):

\_\_\_\_\_

**Position** (if retired,

former): \_\_\_\_\_

**Highest Level of Education:** \_\_\_ High School \_\_\_ College \_\_\_ Graduate \_\_\_ Trade School

**Special Skills/Talents:**

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**Foreign Language** (please indicate

proficiency): \_\_\_\_\_

**Previous Volunteer**

**Experience:** \_\_\_\_\_

**Loss History:** (indicate deaths in your immediate friends/family. Please indicate relationship to you and year of death.)

\_\_\_\_\_

\_\_\_\_\_

How did you hear of Village HHH? \_\_\_\_\_

Have you had previous hospice training? \_\_\_Yes \_\_\_No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

General State of Health: \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor

Would you be using your own car to travel? \_\_\_Yes \_\_\_No

**My interests and hobbies include:** (This helps us properly assign the right volunteer opportunities for you and our patients.)

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**Briefly describe your reasons for wanting to become a hospice volunteer:**

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*Village Home Health and Hospice also asks that volunteers comply with the following:*

- Complete a BCI/FBI background check (costs covered by Village HHH)
- Accept or decline Hepatitis B vaccination series
- Provide Village HHH with a copy of your current driver's license and auto insurance card (if using your car to travel to volunteer locations)
- Provide two recommendation forms (see attached)
- Provide yearly TB test results if planning to volunteer for more than 10 hours per month

*I certify that the statements made on this application for Hospice Volunteer position are true and correct, and I hereby grant Village Home Health and Hospice permission to verify the information contained herein. I understand the giving of false information or the failure to give complete information requested will constitute grounds for rejection of my application or dismissal from the program. I understand that*

*my appointment with Village HHH as a volunteer is contingent upon the satisfactory completion of the required training and orientation, and the receipt of satisfactory recommendation forms. I also understand that Village HHH has the right to request a drug and/or alcohol tests if there is just cause for reasonable suspicion. I hereby grant permission for the authorities of Village HHH to investigate my references and release Village HHH, previous employers, and references from any and all liability resulting from such investigation.*

**Signature of**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Volunteer Commitment**

Please read and return this form knowing that we are grateful for your gifts of time and talent, and for your willingness to volunteer with our hospice patients. This commitment form is used as a way for Village HHH to plan volunteer visits and ensure that our patients are receiving the best volunteer opportunities we can provide. Our volunteer schedule is incredibly flexible, but the following information is helpful in allowing us to better meet your needs and our patients' needs.

### **Volunteer are asked to agree to:**

- Abide by the Volunteer Policies and Procedures set forth by Village Home Health and Hospice
- Have submitted a signed Statement of Confidentiality
- Annual evaluations and trainings
- Annual TB testing (if volunteering more than 10 hours/month)
- Complete either online or in-person orientation/training
- Indicate desire for Hepatitis B vaccination series
- Provide Village HHH with current copies of driver's license and auto insurance cards
- Work with members of the hospice team in supporting patients and their families
- Complete visit forms after each individual volunteer visit

**Please indicate availability preferences:** (mark all that apply)

Daytime  Evening  Weekends

**As an active volunteer, I am willing to assist Hospice in the following areas:**

Companionship/Socialization  Presence at Bedside

Active Listening/Life Review

Reading Activities

Massage Therapy/Healing Touch

Group Activities

Activities with Music

Arts/Crafts

Pet Therapy

Bereavement Support

Other (please indicate) \_\_\_\_\_

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Volunteer Signature  
Date

Date

Volunteer Coordinator