



12380 Plaza Drive · Parma, OH 44130 | 216-898-8444 · Fax: 216-362-0677

### Volunteer Application

*please print*

Name of Applicant \_\_\_\_\_ Birthdate (for birthday card list only) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ DL Number: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Can receive calls at work:  Yes  No  Emergency Only

**Person to be notified in an emergency:**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Education/Special Training:** \_\_\_\_\_

**Three Personal References** (excluding family members). Please provide a complete address, as references are verified by mail.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Identified Areas of Interest:** (non-patient roles do not require 16 hour education course)

**Patient/Family Care:** Friendly Visits:  In Home and/or  In Facility  Comfort Chords  Caring Critters  Alternative Therapies

**Bereavement:**  Caller  Home Visits  Office/Clerical (mailings)

**Non-Patient Services:**  Clerical  Mailings  Data Entry  Journalism  Marketing/Recruiting  Other \_\_\_\_\_

**Sewing:**  Fidget Blankets  Forever Bears  Comfort Critters

**Do you know a language other than English?**  Yes  No

Language \_\_\_\_\_  Speak  Read  Write

Language \_\_\_\_\_  Speak  Read  Write

**Other special services/interests:** (manicurist, hairdresser, masseuse, crafts, reading, etc.)

**Do you have access to transportation?**  Yes  No If Yes, distance willing to travel to assignment: \_\_\_\_\_ miles

**How did you hear about Continuum Care Hospice volunteer program?** \_\_\_\_\_

**Why do you want to be a hospice volunteer?** \_\_\_\_\_

What qualities (skills, talents, knowledge, and experiences) do you feel you can incorporate into your hospice volunteer work?

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**Death and Dying**

What are your thoughts and feelings about death? \_\_\_\_\_

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Have you ever been with someone at the time of their death?  Yes  No (If yes, please describe briefly)

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Have you ever provided care to anyone who was dying?  Yes  No (If yes please explain)

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Have you had a personal loss within the last 13 months?  Yes  No

Comments: \_\_\_\_\_

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When thinking of your own death, what words best describe death to you?  I don't think about my death

sorrowful  natural  frightening  painful  lonely  joyful  heavy  peaceful  dark  other \_\_\_\_\_

Comments: \_\_\_\_\_

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**CODE OF ETHICS FOR VOLUNTEERS**

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

**I understand that any information that is disclosed to me while assisting the Hospice is confidential.**

I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

**Declaration**

**I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Hospice.**

Applicant Name (printed)

Signature

Date