



## VOLUNTEER APPLICATION

Rev 07/18

Thank you for your interest in becoming a High Peaks Hospice (HPH) volunteer! This application has been developed specifically for our care services and the following information has proven to be most helpful in making our volunteer assignments. Please complete each of the items on this form and return it to the Coordinator of Volunteers at the nearest High Peaks Hospice office.

Name: \_\_\_\_\_ Month and Day of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
**Street City State Zip Code**

Home Phone: \_\_\_\_\_ Best day/time to reach you at home: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we call you at work?  Yes  No  
 Urgent only

E-mail address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### 1. EDUCATION

<u>School attended</u>	<u>Degree</u>	<u>Major</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 2. EMPLOYMENT HISTORY

<u>Place of employment</u>	<u>Dates</u>	<u>Description of work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



**VOLUNTEER APPLICATION (Continued)**

**3. VOLUNTEER EXPERIENCE** (current or previous)

<u>Where</u>	<u>Dates</u>	<u>Description of work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. OTHER COMMUNITY INVOLVEMENT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. PROFESSIONAL AFFILIATIONS/HONORS/SPECIAL TRAINING**

Besides professional memberships or honors, please list any special training, licenses or professional certifications you hold.

\_\_\_\_\_

\_\_\_\_\_

**6. HEALTH**

Your general health in the past year has been:  good  fair  poor  
Will you be able to perform your volunteer placement job's essential functions with or without reasonable accommodations?  yes  no

Are there any physical limitations that might affect which volunteer assignments you accept?

- Allergies or sensitivities; please specify: \_\_\_\_\_
- Limit driving to daytime hours
- No heavy lifting or gripping
- One-person patient transfers (e.g., moving from bed to chair)
- Little or no climbing stairs
- Standing/sitting for long periods of time
- Other; please describe: \_\_\_\_\_



**VOLUNTEER APPLICATION (Continued)**

**7. SKILLS and INTERESTS**

Do you have any clerical skills?     Typing     Telephones     Filing

Do you have computer skills?  
(Check all that apply)     Word or WordPerfect  
    Excel  
    Internet Explorer web browser  
    Adobe Acrobat  
    Use of e-mail  
    Microsoft Access database software

Do you have public speaking skills?     Yes             No

Do you speak any foreign languages? If so, please specify: \_\_\_\_\_

What are your interests and/or hobbies? (Check all that apply)

- Arts & crafts
- Music; favorite type(s): \_\_\_\_\_
- Carpentry
- Cooking
- Gardening
- Sewing
- Meditation
- Reading aloud
- Manicures
- Massage
- Card games; favorites: \_\_\_\_\_
- Board games; favorites: \_\_\_\_\_
- Others; please specify: \_\_\_\_\_

**8. REASON FOR VOLUNTEERING**

Why are you interested in volunteering for High Peaks Hospice?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. PERSONAL EXPERIENCE WITH DEATH OR LOSS**

Has someone close to you died recently? If so, when; please explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_



## VOLUNTEER APPLICATION (Continued)

### 10. CATEGORIES OF HOSPICE VOLUNTEER SERVICE

Please check which type(s) of volunteer service you would like to provide:

- Office support
- Patient care and caregiver respite
- Bereavement support
- Fundraising & development
- Speaker's bureau

### 12. AVAILABILITY

When are you available for volunteer work?

- Weekdays; if certain days or hours, please specify: \_\_\_\_\_
- Evenings; how late? \_\_\_\_\_
- Saturdays; what hours? \_\_\_\_\_
- Sundays; what hours? \_\_\_\_\_
- Certain times of year only; specify months you are normally away: \_\_\_\_\_

### 13. WORK SITE

Please indicate which High Peaks office location you would like to be assigned to (These offices cover the areas of Essex, Franklin, Hamilton, St. Lawrence, Warren and Washington Counties):

- Administrative Office in Saranac Lake
- Northern Office in Saranac Lake and Mineville
- Southern Office in Glens Falls

### 14. CRIMINAL RECORD:

Have you ever been convicted for any violations of law, including traffic violations?

- Yes  NO

Description of offense

\_\_\_\_\_

\_\_\_\_\_

***FOR PATIENT CARE/BEREAVEMENT: Please complete sections 15 and 16 only if you want to be a volunteer for patients and their families. Otherwise, go to Section 17.***

### 15. TRANSPORTATION

Do you have a valid, current driver's license? \_\_\_\_\_  Yes  No

Do you have access to a car? \_\_\_\_\_  Yes  No

Do you have current, valid auto insurance? \_\_\_\_\_  Yes  No

Are you willing to provide transportation for patients or their caregivers?  Yes  No



**VOLUNTEER APPLICATION (Continued)**

15. Transportation (continued)

How far from your home are you willing to drive? \_\_\_\_\_ Miles

What areas (towns) are you willing to serve? \_\_\_\_\_

**16. PREFERENCES**

Please check any patient and/or family situations you would like to **avoid**. (Check all that apply)

- Children in the house; if so, specify age range: \_\_\_\_\_
- Smoking anywhere on the property     Smoking inside (smoking outside OK)
- Extreme clutter or unsanitary conditions
- Alcoholism or recreational drug use
- History of mental or physical abuse
- Dogs     Cats     Both     Other (Specify) \_\_\_\_\_
- Patients with a specific illness; if so, specify: \_\_\_\_\_
- Patients of a certain age range; please specify: \_\_\_\_\_

If volunteers must cancel a visit on short notice, may we call you for “emergency” volunteer assignments?     Yes     No

In which patient settings are you willing to serve? (Check all that apply)

- A patient’s or caregiver’s home
- Hospital
- Nursing home or assisted living facility

**17. VOLUNTARY INFORMATION (*Provision of this information is not required.*)**

Is there anything about your personal life you would like to share (religious affiliation, marital status, number of children)?

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**18. REFERRAL SOURCE**

How did you hear about the High Peaks Hospice volunteer program?

- Word of mouth
- Community presentation
- Newspaper announcement
- Poster
- Church or Synagogue
- Other; please specify: \_\_\_\_\_



### 19. REFERENCES

Please provide the names of three (3) people we may contact, with your permission, for a personal reference. (We will assume you have obtained their permission to serve as a reference.)

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
City or town: \_\_\_\_\_  
Phone:  Work  Home Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
City or town: \_\_\_\_\_  
Phone:  Work  Home Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
City or town: \_\_\_\_\_  
Phone:  Work  Home Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

To the best of my knowledge, all of the preceding information is true and accurate. I authorize High Peaks Hospice to request and obtain records to determine the accuracy of my responses. I understand that, if my application is accepted, before performing any hospice volunteering assignments, I will be asked to:

- Comply with all relevant Hospice policies, procedures, and regulations
- Complete a course of training for the type of hospice volunteering I want to perform;
- Complete training in confidentiality of patient information;
- Give permission for High Peaks Hospice to perform a comprehensive background check with includes a criminal and driver's license check, as required by insurance regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### For Internal use only:

Date of interview: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Interviewer's comments: \_\_\_\_\_  
(Use Extra Paper If Necessary)

\_\_\_\_\_  
Signature of Interviewer