

# VOLUNTEER APPLICATION

Rev 06/21



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

Phone: \_\_\_\_\_ Best day/time to reach you: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

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)

Where

Dates

Description of work

_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. OTHER COMMUNITY INVOLVEMENT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. SPECIAL TRAINING, LICENSES, OR PROFESSIONAL CERTIFICATIONS**

\_\_\_\_\_

\_\_\_\_\_

**6. HEALTH**

Your general health in the past year has been:  good  fair  poor

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
- Little or no climbing stairs
- Standing/sitting for long periods of time
- Other; please describe: \_\_\_\_\_

What special accommodations do you require to perform your volunteer placement job's essential duties:

- None

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER APPLICATION (Continued)**

**7. SKILLS AND INTERESTS**

How comfortable are you with general office skills and work?

- Very comfortable    Have general office skills    Not comfortable with office work

How comfortable are you with technology?

- Very comfortable    Okay with basic technology    Prefer not to utilize technology

How comfortable are you with public speaking?

- Very comfortable    Okay with small groups    Prefer not to speak publicly

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

Do you hold professional skills or talents you wish to utilize? If so, please specify: \_\_\_\_\_

Do any of these activities describe the type of volunteer assignment that you are interested in? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Assisting patients with their hobbies | <input type="checkbox"/> Praying together                 |
| <input type="checkbox"/> Carpentry                             | <input type="checkbox"/> Pet care                         |
| <input type="checkbox"/> Cooking/Baking                        | <input type="checkbox"/> Providing respite for caregivers |
| <input type="checkbox"/> Sitting or walking outdoors           | <input type="checkbox"/> Reading aloud                    |
| <input type="checkbox"/> Gardening                             | <input type="checkbox"/> Recording a patient's life story |
| <input type="checkbox"/> General companionship                 | <input type="checkbox"/> Running errands                  |
| <input type="checkbox"/> Handwriting cards or letters          | <input type="checkbox"/> Sewing                           |
| <input type="checkbox"/> Light housework                       | <input type="checkbox"/> Singing or playing an instrument |
| <input type="checkbox"/> Meditation                            | <input type="checkbox"/> Educating others on hospice care |
| <input type="checkbox"/> Photography                           | <input type="checkbox"/> Other: _____                     |

**8. REASON FOR VOLUNTEERING**

Why are you interested in volunteering for High Peaks Hospice?

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

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

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**VOLUNTEER APPLICATION (Continued)**

**10. CATEGORIES OF HOSPICE VOLUNTEER SERVICE**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Office support                     | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Patient care and caregiver respite | <input type="checkbox"/> Community events |
| <input type="checkbox"/> Bereavement support                |   |

**11. AVAILABILITY**

When are you available for volunteer work? Check days of the week you are available; if certain hours, please specify on the line:

Specify Times	Specify Times
<input type="checkbox"/> Mondays _____	<input type="checkbox"/> Fridays _____
<input type="checkbox"/> Tuesdays _____	<input type="checkbox"/> Saturdays _____
<input type="checkbox"/> Wednesdays _____	<input type="checkbox"/> Sundays _____
<input type="checkbox"/> Thursdays _____	

For seasonal resident or volunteers, please indicate months you are normally away:

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**12. CRIMINAL RECORD:**

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

Yes  No If yes, provide description of offense:

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**13. 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

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

We serve Essex, Franklin, Hamilton, St. Lawrence, Warren, and Washington Counties.

What areas towns or counties are you most interested in serving?

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**VOLUNTEER APPLICATION (Continued)**

**14. PREFERENCES** *Please complete section 14 only if you want to be a volunteer for patients and their families. Otherwise, go to Section 15.*

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

- Smoking anywhere on the property     Smoking inside (smoking outside OK)
- Children in the house; if so, specify age range: \_\_\_\_\_
- 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

**15. VOLUNTARY INFORMATION** *(Supplying 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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**16. REFERRAL SOURCE**

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

- Word of mouth \_\_\_\_\_                       Poster \_\_\_\_\_
- Presentation \_\_\_\_\_                       Church \_\_\_\_\_
- Newspaper \_\_\_\_\_                       Other: \_\_\_\_\_

**VOLUNTEER APPLICATION (Continued)**

**17. 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: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
City or town: \_\_\_\_\_  
Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
City or town: \_\_\_\_\_  
Phone: \_\_\_\_\_ 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