

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?

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:

- | | |
|---|---|
| <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:

12. CRIMINAL RECORD:

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

Yes No If yes, provide description of offense:

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?

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)?

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