

# Application for Volunteer Service



LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ CELL ( \_\_\_\_\_ ) \_\_\_\_\_

WORK PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

How did you hear about this volunteer opportunity?

WALK IN     NEWSPAPER AD     WEBSITE     HOC EMPLOYEE     OTHER (specify) \_\_\_\_\_

Do you have any relatives that are employed here?  NO  YES If yes, who? \_\_\_\_\_

**STUDENT VOLUNTEERS** Student volunteers are always welcome at Hospice of Chattanooga. If you are under 18 years of age, you must provide parent consent. We also require two adult references from your school.

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PARENT/GUARDIAN PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

**EMPLOYMENT** Are you currently (check one)  EMPLOYED     UNEMPLOYED     FULL-TIME HOMEMAKER     RETIRED

CURRENT EMPLOYER \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EDUCATION \_\_\_\_\_

WORK EXPERIENCE \_\_\_\_\_  FULL TIME     PART TIME

FORMER EMPLOYER \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EDUCATION \_\_\_\_\_

WORK EXPERIENCE \_\_\_\_\_  FULL TIME     PART TIME

May we contact your current or former employer(s)?  NO  YES

Have you ever been employed with Hospice of Chattanooga?  NO  YES If yes, give date \_\_\_\_\_

**MILITARY SERVICE & EDUCATION** Hospice of Chattanooga appreciates and honors our Veterans.

Have you served in the United States military?  NO  YES If yes, what branch? \_\_\_\_\_

Check here if you would like to learn more about our Volunteer Veterans Program.

Your level of education:  HIGH SCHOOL     SOME COLLEGE     2-YR DEGREE     4-YR DEGREE     GRADUATE DEGREE

**PROFESSIONAL LICENSURE** Do you hold a current professional license?  NO  YES If yes, please complete:

STATE	TYPE OF LICENSE
LICENSE #	EXPIRATION DATE / /

**VOLUNTEER OPPORTUNITIES** There are many ways you can help– check all that interest you.

*Patient Care Opportunities:*

- Direct patient involvement
- Sitting with patient to relieve family
- Deliver birthday treats to patient
- Light housekeeping tasks for patient/family
- Pet Therapy
- Music Enrichment
- Patient Life-History Projects
- Inpatient or Nursing Facility Volunteer

*Other Supporting Roles:*

- Family bereavement follow-up
- Health fair exhibits/displays
- Office Help

Please describe any special area of expertise you can offer. \_\_\_\_\_

Are you fluent in any language other than English?  NO  YES If yes, which? \_\_\_\_\_

**ADDITIONAL INFORMATION** Please tell us why you want to become a hospice volunteer:

What are your thoughts and feelings about death?

Have you lost a loved one in the past year?  NO  YES If yes, what was the relationship? \_\_\_\_\_

Have you ever been with someone who was actively dying?  NO  YES

Have you ever provided care to someone who was actively dying?  NO  YES

**VOLUNTEER'S STATEMENT** Thank you for your interest in volunteering with Hospice of Chattanooga!

I \_\_\_\_\_ certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is an “at will” volunteer relationship and may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that false or misleading information given in my volunteer application or interview with Volunteer Services may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Hospice of Chattanooga.

SIGNATURE OF APPLICANT	DATE
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