Holisticare HOSPICE
1131 Lancaster Avenue Suite 200 Berwyn, PA 19312 610-995-0100
1144 Hooper Avenue Suite 208 Toms River, NJ 08753 732-731-8100

EEO

Volunteer Services Application Form

First Name _____ Last Name _____ MI ____

Mailing Address _____

City _____ State _____ Zip _____

Cell # _____ Home # _____

Email _____ Birthdate _____

How did you learn about Holisticare Hospice? _____

Why do you want to be a hospice volunteer? _____

_____

_____

_____

_____

_____

What skills, talents, knowledge or experiences can you bring into your hospice volunteer work?

_____

_____

_____

_____

_____

Two References (excluding family members):

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Availability

Volunteering is an important commitment. We request that you volunteer at least two hours each week and attend quarterly in-service training. Are you able to meet that commitment? Yes No

Circle Availability: M T W TH F SAT SUN **Time:** Morning Afternoon Evening

Or: Various, depending on my schedule

Preferences: □ Where Needed □ Patient's Home □ Assisted Living □ Nursing Home

Interests: What areas of volunteering are you interested in? Please check all that apply.

	Patient Support		Administrative Support
	Patient Companionship		Office Support
	Pet Visits		Graphic Design
	Certified Holistic Therapy:		
	Shopping / Errands		Special Events Assistance
	Light Housekeeping		Errands / Deliveries
	Light Meal Preparation		
	Yard Work		
	Bereavement Visit		Foreign Language:
	Caregiver Companionship		
	Caregiver Respite		Practicum / Internship

Applicant Statement

I understand that anyone convicted of a felony in any jurisdiction is disqualified from volunteering for Holisticare Hospice. By my signature below I swear that I have never been convicted of a felony in any jurisdiction.

My signature below authorizes the release of information and affirms that all the facts set forth in my application are true and complete.

I understand that while serving as a volunteer, I must abide by all regulations and procedures.

I also understand that failure to carry out the responsibilities of a volunteer or to conduct myself in the best interest of Holisticare Hospice and its patients is grounds for immediate separation.

Applicant Signature _____ Date _____

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Emergency Data Form

This information is confidential and will be used only in the event of an emergency.

Your Information:

Name _____

Home Phone _____

Cell Phone _____

Email Address _____

Emergency Contact #1

Name _____

Home Phone _____

Cell Phone _____

Email Address _____

Relationship to you _____

Emergency Contact #2

Name _____

Home Phone _____

Cell Phone _____

Email Address _____

Relationship to you _____

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Disclosure and Release Form

As part of the application process for volunteering at Holisticare Hospice, I understand that they and/or their agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal, and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I understand that these records may be used for the eligibility of my volunteering. I authorize without reservation the full release of the records.

In addition, I release Holisticare Hospice and all of its agents and associated, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at Holisticare Hospice. I also certify that all information provided is correct on the application and/or resume to the best of y knowledge. Any false statements provided will be considered just cause for termination. Upon request, Holisticare Hospice or its agent will supply a copy of my report and my rights under the Fair Credit Reporting Act.

Applicant's Name (please print) _____

Alias/Maiden Name _____

Signature _____ Date _____

Date of Birth _____ Social Security Number _____

Driver's License Number _____ State of Issuance _____

Current Address _____

_____

Length of Residency _____ Years