



Do you have access to transportation? Yes No

How did you hear about our Hospice volunteer program? _____

Why do you want to be a Hospice volunteer? _____

What qualities (skills, talents, knowledge, and experiences) do you feel you can incorporate into your Hospice volunteer work? _____

Death and Dying

What are your thoughts and feelings about death? _____

Have you ever been with someone at the time of their death? Yes No

If yes, please describe briefly: _____

Have you even provided care to anyone who was dying? Yes No *(If yes, explain)*

When thinking of your own death, what words best describe death to you?

I do not think about my own death sorrowful natural frightening painful lonely

joyful heavy peaceful dark

Other _____



Two Personal References (excluding family members). Please provide a complete address, as references are verified by mail.

Name _____ Phone () _____

Address _____ City _____ Zip _____

Name _____ Phone () _____

Address _____ City _____ Zip _____

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting Hospice patient care is confidential.

I interpret "volunteer" to mean that I have agreed to work without compensation in money but having been accepted as a volunteer worker, I expect to do my work according to standards set forth in the Volunteer Policies and Procedures.

DECLARATION

I hereby certify that statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application, I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I affirm to have read the Code of Ethics for Volunteers and agree to abide by its regulations. I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities.

Applicant Signature

Date