

# Hospice of Green Country Volunteer Online Application

Today's Date

\*First Name

\*required field

\*Last Name

\*

\*Mailing Address

\*

\*City

\*

\*State

\* \*Zip

\*

\*County

\*

Work Phone

Home Phone

E-mail address

\*

Employer

Occupation

May you be contacted at work?  Yes  No Best time to reach you  Morning  Afternoon  Evening

Do you have a valid OK driver's license?  Yes  No

Would a car be available to you for hospice work?  Yes  No

Have you ever been convicted of a felony?\*  Yes  No

**Please provide two (2) personal references (excluding relatives). Please include complete address, phone number and relationship.\***

Name

\*

Address

City State Zip

Phone  \*

Relationship  \*

Name  \*

Address

City State Zip

Phone\*  \*

Relationship\*  \*

Emergency Contact\*

Address

Phone\*  \*

Relationship

Doctor's Name

Doctor's Phone

List any training or skills.

List any licenses or certifications you have obtained.

**Languages**

English  Yes  No

Other  Yes  No **Please list below.**

Language   Speak  Read  Write

Language   Speak  Read  Write

**Areas of Interest**

**Patient/Family Care**

- Companionship/Visits
- Errands/Shopping
- Transportation
- Light Housekeeping
- Yard Work
- Fix-it Projects
- Relief for the Caregiver
- Other

**Grief Assistance Services**

- Office/clerical
- Telephone Work
- Grief Companion
- Home Visits
- Memorial Services

**Non-Patient Services**

- Office/clerical
- Fill in Receptionist
- Computer skills
- Baking for events
- Photography
- Speaker's Bureau

How did you hear about Hospice of Green Country?

**AVAILABILITY TO VOLUNTEER: \***

- Daytime       Evenings       Weekends

Comments

Has someone close to you recently died?  Yes       No

If yes, please briefly explain.

Were they a hospice patient?  Yes       No

Have you ever been a caregiver to anyone?  Yes       No

If yes, please briefly explain.

CODE OF ETHICS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds professionals 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 of Green Country, Inc. is confidential.**

**Hospice of Green Country performs a criminal background check for all potential volunteers and employees to ensure that the highest quality of care and consideration is shown to our patients and families.**

DECLARATION

I certify that the 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, character, and public records for the purpose of determining my suitability as a volunteer. I agree to respect the confidentiality of any patient information I acquire in the course of my volunteer activities with Hospice of Green Country, Inc.

I understand that if I am accepted as a Hospice of Green Country volunteer, I will be offered and required to complete volunteer training.

Please check this box if you agree to the above terms and conditions \*(required)

Thank you for your interest in the Volunteer Services program at Hospice of Green Country. Volunteers play a vital role in providing hospice services to the community. Volunteers are greatly appreciated by patients, families and staff of our agency.

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Signature

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Date