



Chan Soon-Shiong
Medical Center
at Windber

Windber Hospice

www.windbercare.org (814) 467-3643

HOSPICE VOLUNTEER APPLICATION

(Please Print)

Date: _____

Name of Applicant: _____ DOB: _____

Address: _____

City/State/Zip: _____ E-mail Address: _____

Home Phone: () _____ Work: () _____ Cell: () _____

Employer: _____ Occupation: _____

Can receive calls at work: Yes No Emergency Only

Person to be notified in an emergency:

Name: _____ Phone: () _____

Address: _____ City/State/Zip: _____

Education/Special Training: _____

Work Experience: _____

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

Name: _____ Phone: () _____

Address: _____ City/State/Zip: _____

Name: _____ Phone: () _____

Address: _____ City/State/Zip: _____

Identified Areas of Interest: *(non-patient does not require 30 hour education course)*

Patient/Family Care

In Home In Nursing Home In Facility Transportation Personal Care Meal Delivery Alternative Therapies

Bereavement

Caller Home Visits Support Group Co-Facilitator Transportation Office/Clerical Memorial Service Committee

Non-Patient Services

Clerical Fundraising Mailings Events Marketing Courier Switchboard Data Entry

Do you know a language other than English? Yes No

Language: _____ Speak Read Write

Are you a veteran? Yes No What branch of the service? _____

Other Special Services: (*manicurist, hairdresser, masseuse, etc.*)

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 ever provided care to anyone who was dying? Yes No (If yes, please 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 _____

Comments: _____

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 the hospice is confidential.

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

DECLARATION

I hereby 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 affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with hospice.

Applicant Signature

Date