



19750 S. Vermont Ave, Ste 160
 Torrance, CA 90502
 Ph: 877-659-5998
 Fax: 323-544-4984

Volunteer Application

PERSONAL DETAILS						
First Name				Last Name		
Address						
City			State			
Email Address						
EMERGENCY CONTACT						
Contact name				Contact Phone		
Are you 18 years of age or older?						
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a felony or misdemeanor?						
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes", please describe:						
WHAT TYPE OF VOLUNTEER SERVICES ARE YOU INTERESTED IN PROVIDING?						
<input type="checkbox"/>	Patient Visit					
<input type="checkbox"/>	Bereavement Support					
<input type="checkbox"/>	Language Support					
<input type="checkbox"/>	Outreach and Training					
<input type="checkbox"/>	Office/ Clerical Assistance					
<input type="checkbox"/>	Other					
If "Other", please specify:						
SKILLS AND KNOWLEDGE						
List any relevant knowledge, skills, or competencies.						
Do you speak, write, or understand any foreign languages?						
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes", please specify:						
Please describe the days and times you would like to volunteer.						
EDUCATION AND TRAINING						
High School						
Did you graduate?						
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College						
Did you graduate?						
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Training:						
Please specify Other Training:						
WORK HISTORY						
Employer 1:						
Start Date:				End Date:		
Employer 2:						
Start Date:				End Date:		



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REFERENCE			
<i>Reference 1</i>			
First Name		Last Name	
Relationship		Phone Number	
<i>Reference 2</i>			
First Name		Last Name	
Relationship		Phone Number	
QUESTIONNAIRE			
Why do you want to be a Hospice Volunteer?			
What your thoughts and feelings about death and dying?			
Have you experienced a significant loss in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been with someone at the time of death?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever provided care to someone who is dying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
When thinking about your own death, what comes to mind?			
CODE OF ETHICS			
As a Hospice Volunteer, I am subject to a code of ethics similar to that which binds the professionals in the field of end-of-life care. As such, I assume certain responsibilities and expect to account what is expected of me. I understand that any information that is disclosed to me while assisting the hospice is confidential. I interpret "volunteering" to mean that I have agreed to work without monetary compensation. Having been accepted as a volunteer, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.			
Volunteer Signature			
DECLARATION			
I hereby certify that the statements made on this application are true and accurate 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 may acquire in the course of my volunteer activities.			
Volunteer Signature			