

WHATCOM HOSPICE VOLUNTEER APPLICATION

Please complete entire form with as much detail as possible. Use additional paper if necessary.

Name: _____ Nickname: _____

Address: _____

E-Mail _____ City _____ State _____ Zip _____ Birthdate _____

Phone: Home _____ Cell _____ Work _____

Religion/Spiritual Path? _____ Who to call if emergency? _____

What areas of Hospice are you interested in volunteering?

I want to be a Patient Care Volunteer. (32-hour). I am interested in the following area(s):	I want to be an Indirect Care Volunteer. (4-hour). I am interested in the following area(s):
Patient Care Volunteer in homes, facilities, etc. includes light chores, meal preparation, etc.	Singing/Musician Volunteer Administrative Volunteer: provide office support
Patient Care Volunteer—Hospice House	Currier Volunteer: run errands, deliver medications
Front Desk Volunteer—Hospice House	Special Projects: Landscape Volunteer
Cook & Food Prep Volunteer—Hospice House	Special Projects: Sew/Knit/Crochet Volunteer
Designated Driver for patients/family members	Special Projects: Flower Display Volunteer
Bereavement Volunteer	Other:
Pet Companion Volunteer	

Please note all Hospice House and Bereavement/Grief Support positions require additional training.

When would you be available to volunteer for Hospice? Please indicate days/times on the grid below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

The more details you provide for the following questions, the more you demonstrate how seriously you have considered volunteering for hospice.

1. How did you hear about our hospice volunteer program?
2. Have you had a significant loss—death, divorce, or separation—in the past year? Please explain.
3. Why do you want to be a Hospice Volunteer?
4. Have you ever spent time with someone who is dying? Please describe.

5. Have you ever been with someone at the time of his/her death? Please describe.

6. What special qualities--beliefs, skills, talents, knowledge, experience, foreign language, music, crafts--do you bring to the Hospice program?

7. What do you hope to receive from this kind of work?

8. How would you describe your communication skills?

9. Are you 18 years of age or older?

10. Education: Highest grade completed? _____ Degrees/Special Training _____

Are you currently a student? Field of Study: School: Do you plan to return to school within the next year?	Are you currently employed? Full-Time____ Part-Time ____ Occupation:	Are you Retired?
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11. What jobs have you held in the past?

12. Do you have any physical limitations that we should be aware of in assigning you as a volunteer? Please explain:

13. Which areas of the county do you prefer to volunteer? Please circle.

Bellingham	North	East	South	West
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14. Do you have access to transportation?

15. Are you willing to travel to other areas of the county? Y N How far from home?

16. Can you participate in the entire Hospice Training Program (4 hours for Indirect, 32 hours for Patient Care)?

17. Can you commit to volunteering 2 to 4 hours per week for at least one year following the training?

PERMISSION FOR RELEASE OF INFORMATION—VOLUNTEER REFERENCE CHECK

**YOU MUST LIST THREE REFERENCES & PROVIDE COMPLETE MAILING ADDRESSES OR EMAILS FOR ALL
References will be contacted. No family. Professional or friends only.**

- 1. Name _____ Relationship _____
Address _____
E-Mail _____ Phone _____
- 2. Name _____ Relationship _____
Address _____
E-Mail _____ Phone _____
- 3. Name _____ Relationship _____
Address _____
E-Mail _____ Phone _____

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.

SIGNATURE _____ Date _____
Electronic Signature OK

Return to: Dianne Gillespie, Volunteer Coordinator - E-Mail: dgillespie@peacehealth.org
Whatcom Hospice, 2800 Douglas Ave., Bellingham, WA 98225 – 360-788-6892, Fax: 360-788-6884