

HOSPICE OF CENTRAL PENNSYLVANIA
 1320 Linglestown Road
 Harrisburg PA 17110
 (717) 732-1000

APPLICATION FOR VOLUNTEER WORK

DATE

Directions: Please complete this application and mail to the Volunteer Coordinator at the above address.

PERSONAL DATA

Name	Daytime Phone
	Evening Phone
Address	
Email Address	Cell Phone

AVAILABILITY and INTEREST

What time requirements do you have for volunteer training classes?

Daytime Evening No Preference

If selected as a volunteer, I will be available the following times:

1. Daytime: Su M T W Th F Sa 2. Evening: Su M T W Th F Sa
3. During an emergency: Su M T W Th F Sa _____ Anytime

Do you have a current Pennsylvania Drivers License? Yes No

Do you have access to a vehicle for the purpose of your volunteer work? Yes No

Please indicate the areas of volunteering you would like to consider:

**Direct patient care
and family support:**

- In-home care
- Hospice Residence
- Nursing Home/Care Facility
- Bereavement support
- Transportation/errands

Non-Patient volunteering:

- Clerical support
- Care & maintenance of hospice residence
- Public speaking/ community outreach
- Special events/ fund raising projects

- HCP Committee membership
- Other special interests

Completion of this section is optional. These questions may seem unduly personal, however they will be helpful in making future volunteer assignments.

Sex (M or F) _____ Date of birth _____ Marital status S M W D (circle one)

Ethnic background _____ Religious preference _____

Fluency in other languages? If so, please list.

EMPLOYMENT INFORMATION *We contact current and previous employers for references*

Currently Employed? _____ Yes (Full time/ Part time) _____ No _____ Retired

Employer Name _____ Phone _____

& Address: _____

Work Phone: _____ Job title: _____ Dates

Please list previous employers and dates. . .

Dates	<u>Employer Name and Address</u>	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any professional credentials or certification you hold. Include current license #(s) and expiration dates if applicable.

Have you ever worked for a hospice? Please give name and address of agency, dates and positions held.

EDUCATION

Highest year of education or degree attained _____ Year education completed _____

6. What are your hobbies or special interests:

LIABILITY

1. Have you ever been convicted of a crime? Yes No
If yes, please explain.

2. Do you hold a valid Pennsylvania drivers license? Yes No

3. Have you ever had your driver's license suspended? Yes No
If yes, please explain.

4. Have you ever been convicted of a crime or dismissed from employment or volunteer service due to sexual misconduct, or the abuse, neglect, or physical violence involving clients, children or other employees?
 Yes No

5. Have you ever been bonded? Yes No

6. Have you ever been named as a perpetrator in an indicted or founded report of child abuse?
 Yes No

COMMITMENT

1. Are you willing to train in Hospice care for 30+ hours?
Yes No (check one)

2. Are you willing to provide a minimum of four (4) hours a week to Hospice when actively involved with patients/families?
Yes No

3. Will you be able to attend monthly continuing education/support meetings after becoming a HCP volunteer?
Yes No

To the best of my knowledge the information contained in this application is true and correct. I understand that any false information may result in my application being denied, or my volunteer status being terminated. Further, I give Hospice of Central Pennsylvania permission to contact the references and employers named in this application and do a background check on the above information provided.

SIGNATURE

DATE

Role of Hospice of Central Pennsylvania Volunteers

Volunteers may choose to become active in any or all of these areas: patient/family care; public information and dissemination; office/clerical duties; and hospice residence care and maintenance.

1. **Patient care/ family support:** Volunteers involved in patient care and family support are normally assigned cases by the Volunteer Coordinator to serve the patient/family in appropriate tasks or relationships needed or desired as indicated on the Hospice Plan of Care. Bereavement services are an integral part of our family support. Appropriate tasks are indicated in Volunteer Guidelines.
2. **Public Information/Dissemination:** Volunteers involved in Public Information tasks are assigned to speaking engagements, health fairs, and other public forums.
3. **Office/Clerical:** Volunteers involved in Office/Clerical help are of assistance in the area of bulk mailings, phone work, clerical functions, fund-raising and other tasks as needs arise.
4. **Residence Care and Maintenance:** Our hospice residence is a home-like setting in which we provide the full range of hospice services to patients who are no longer able to be cared for in their own homes. In addition to patient care, volunteers provide services such as cleaning and laundry, meal preparation, shopping, lawn and garden care, house and equipment maintenance, and clerical support.
5. **Special Events:** Throughout the year, Hospice of Central PA holds a variety of events which take planning and execution. Volunteers can help in many ways, from the earliest stages of planning and preparation, publicity and promotion, to the hands-on help on day of the event itself.