



# VOLUNTEER APPLICATION

Last	First	Middle	Nickname (optional)
Address		City	State      Zip
Are you at least 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete a <i>youth</i> volunteer application.		Date of birth (mm/dd)	Email
Home phone		Work phone	Cell phone
Best way to contact you: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email		Best time to contact you: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	
Person to notify in case of emergency:			
Name		Relationship	Phone
How did you hear about volunteering with Hospice of the Comforter? (Check all that apply)			
<input type="checkbox"/> Personal hospice experience		<input type="checkbox"/> Community event	
<input type="checkbox"/> Hospice of the Comforter publication		<input type="checkbox"/> Radio	
<input type="checkbox"/> Hospice of the Comforter web site		<input type="checkbox"/> TV	
<input type="checkbox"/> Newspaper/community publication		<input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Volunteer    Name: _____	
<input type="checkbox"/> Speaker or presentation		<input type="checkbox"/> Other: _____	
Is volunteer service required for your school or community group? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please briefly explain:			
Has anyone close to you died within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please briefly explain:			
Have you experienced any other significant loss within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please briefly explain:			
Do you know anyone who has experienced hospice care? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please briefly explain:			
Have you previously volunteered for a hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, name of hospice:			
Why are you interested in volunteering for Hospice of the Comforter?			
What qualifications do you possess that would make you a good hospice volunteer?			
Have you had any volunteer experience other than for a hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please briefly explain:			
Are you willing to volunteer for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**What are your areas of volunteer interest?**

**Patient/Family Care** (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Befriending – <i>home visits</i>                | <input type="checkbox"/> Respite for caregiver – <i>home visits</i>      | <input type="checkbox"/> Light housekeeping   |
| <input type="checkbox"/> Befriending – <i>nursing facilities visits</i>  | <input type="checkbox"/> Yard work                                       | <input type="checkbox"/> Hair cuts ( <i>license required</i> )                            |
| <input type="checkbox"/> Hospice House – <i>inpatient care support</i>   | <input type="checkbox"/> Fix-it projects                                 | <input type="checkbox"/> Massage therapy ( <i>license required</i> )                      |
| <input type="checkbox"/> Robison Residence – <i>patient care support</i> | <input type="checkbox"/> Errands/shopping                                | <input type="checkbox"/> Pet therapy ( <i>certifications and immunizations required</i> ) |
| <input type="checkbox"/> Vigil program – <i>patient/family support</i>   | <input type="checkbox"/> Filming/editing patient <i>Life Reflections</i> |   |

**Bereavement Support** (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bereavement phone support | <input type="checkbox"/> Bereavement home visit | <input type="checkbox"/> Memorial service |
|--|---|---|

**Non-Patient Services** (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Administrative/office support ( <i>M-F 8:30 a.m. – 5:00 p.m.</i> ) | <input type="checkbox"/> Life.Art.Music Gala ( <i>annual</i> )        |
| <input type="checkbox"/> Computer skills: Word/Excel/PowerPoint/data entry                  | <input type="checkbox"/> Gift of Hope Breakfast ( <i>annual</i> )     |
| <input type="checkbox"/> Donor relations  | <input type="checkbox"/> 1 Hour Inspirational Tour ( <i>monthly</i> ) |
| <input type="checkbox"/> Special events/special projects/outreach events                    |   |

**We have a volunteer skills database and would like to include your information.**  
Please list skills and interests (*Examples: music, arts/crafts, career/professional skills*)

**Do you speak a foreign language?**  Yes  No If yes, what languages do you speak?

**When are you available?**

Morning  Afternoon  Evening  Weekend  Flexible  Seasonal \_\_\_\_\_

**Best days for you to serve:**  S  M  T  W  TH  F  S **How many hours per week?** \_\_\_\_\_

**Are you available on short notice for temporary assignments?**  Yes  No

**In what geographic areas are you willing to serve?** (Check region)

- |   |
|---|
| <input type="checkbox"/> North: Sanford, Lake Mary  |
| <input type="checkbox"/> Central: Casselberry, Longwood, Altamonte Springs, Winter Springs, Winter Park                               |
| <input type="checkbox"/> East: Oviedo, UCF area, Valencia Community College East area, Waterford Lakes, Avalon Park, Chuluota, Geneva |
| <input type="checkbox"/> West: Apopka, Ocoee, West Orlando, Windermere, Winter Garden, Pine Hills                                     |
| <input type="checkbox"/> South: Kissimmee, St. Cloud, Downtown Orlando, South Orlando, Lockhart                                       |

**How far are you willing to travel to visit patients?** \_\_\_\_\_ miles **Do you have reliable transportation?**  Yes  No

**Do you have a valid driver's license?**  Yes  No **Do you have auto insurance?**  Yes  No

**Do you have any medical problem, injury, physical limitations, chronic ailment, allergies or other condition that could affect your ability to perform volunteer work?**  Yes  No

If yes, please specify:

**EMPLOYMENT HISTORY**Are you currently employed?  Yes  NoRetired?  Yes  No

What is/was your profession?

Job title

If you are currently employed, please complete the following:

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

What are your usual work hours? \_\_\_\_\_ May we contact you at work?  Yes  NoDo you hold a professional license?  Yes  No

If yes, please complete: State \_\_\_\_\_ Type of license \_\_\_\_\_

License # \_\_\_\_\_ Expiration date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Does your employer match your volunteer time with a charitable donation?  Yes  No  Don't know**EDUCATION INFORMATION**

	Course of study/major	Please check last grade completed			
High School		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
College/University		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Post Graduate		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Other \_\_\_\_\_

**PERSONAL REFERENCES**Please list the names, addresses and phone numbers of two people whom you have **known for at least 7 years**.**Please do not list relatives or family. References will be contacted as part of our screening process.**

1. Name \_\_\_\_\_ Daytime contact number \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Daytime contact number \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been convicted, pleaded no contest to, or had adjudication withheld on a crime?  Yes  No

If yes, please specify for each crime the following: (a) details concerning the type of crime (b) date of the conviction, plea of adjudication; and (c) penalty imposed.

Have you ever been a defendant in a civil court action? (i.e. a civil wrong, assault, battery, fraud, etc.)  Yes  No

If yes, for each action please specify the following: (a) the nature of the civil action against you; and (b) the outcome of the action.

Have you ever received a citation for driving while intoxicated or lost your driver's license?  Yes  No

If yes, please briefly specify the details:

**NOTE: Convictions will not necessarily disqualify you from volunteering; however, convictions that fall within Hospice of the Comforter guidelines will disqualify you due to state and federal regulations.**

## Application Acknowledgements

<b><i>Please place a check mark in the box after reading each section carefully.</i></b>	
<input type="checkbox"/>	I authorize Hospice of the Comforter to conduct a criminal background check.
<input type="checkbox"/>	I authorize Hospice of the Comforter to contact the two personal references I have listed.
<input type="checkbox"/>	I understand that I will need to complete a two step Tuberculosis screening test if I want to serve with patients and families and that I will need to update my TB screening annually.
<input type="checkbox"/>	I understand that if I am accepted as a Hospice of the Comforter volunteer, I must complete a volunteer training program before being given an assignment. I am willing to participate in ongoing training activities for volunteers.
<input type="checkbox"/>	I understand that I will need to participate in a volunteer interview and volunteer job placement process.
<input type="checkbox"/>	I understand I will need to provide time and activity reports each week.
<input type="checkbox"/>	As a volunteer, I understand 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 will be accountable for my actions in terms of what is expected of me.
<input type="checkbox"/>	I agree to respect the confidentiality of any patient information I acquire in the course of volunteer activities with Hospice of the Comforter.
<input type="checkbox"/>	I agree to abide by all policies, regulations and guidelines established by Hospice of the Comforter.
<input type="checkbox"/>	I certify that all statements made on this application are true, complete and correct. I understand that any false information, omissions or misrepresentations of facts on this application will be cause for termination as a volunteer.
<input type="checkbox"/>	I understand that this application will not be considered if questions are left unanswered and if any of the Acknowledgements on this page remain unchecked.

**I certify that answers given herein are true and complete.**

\_\_\_\_\_  
Signature (Typed name on emailed applications indicates signature.)

\_\_\_\_\_  
Date

Thank you for your interest in becoming a volunteer with Hospice of the Comforter.  
Once we have reviewed your application, we will contact you regarding an interview.

**Please either: Mail this application to Attn: Volunteer Services,  
Hospice of the Comforter, 480 W. Central Pkwy., Altamonte Springs, FL 32714  
Email to: [volunteerservices@hospiceofthecomforter.org](mailto:volunteerservices@hospiceofthecomforter.org)**