



# VOLUNTEER APPLICATION

*Please use a separate sheet of paper if you need more space to answer any questions.*

<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Nickname (optional)</b>
<b>Address</b>		<b>City</b>	<b>State</b>
			<b>Zip</b>
<b>Are you at least 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete a <i>youth</i> volunteer application.		<b>Date of Birth (mm/dd)</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Email</b>
<b>Best way to contact you:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email			
<b>Best time to contact you:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon			
<b>Person to notify in case of emergency:</b>			
Name	Relationship	Phone	
<b>How did you hear about volunteering with Hospice of the Comforter? (Check all that apply)</b>			
<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/Friend/Volunteer ( <i>circle</i> ) Name: _____	
<input type="checkbox"/> Speaker or presentation		<input type="checkbox"/> Other: _____	
<b>Is volunteer service required for your school or community group?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please briefly explain:			
<b>Has anyone close to you died within the last 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please briefly explain:			
<b>Have you experienced any other significant loss within the last 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please briefly explain:			
<b>Do you know anyone who has experienced hospice care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please briefly explain:			
<b>Have you previously volunteered for a hospice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of hospice:			
<b>Why are you interested in volunteering for Hospice of the Comforter?</b>			
<b>What qualifications do you possess that would make you a good hospice volunteer?</b>			
<b>Have you had any volunteer experience other than for a hospice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please briefly explain:			
<b>Are you willing to volunteer for at least one year?</b> <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"/> 11 <sup>th</sup> Hour on-call – <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 p.m.</i> )                 | <input type="checkbox"/> Life.Art.Music.Gala ( <i>annual</i> )                 |
| <input type="checkbox"/> Computer skills: Word/Excel/PowerPoint/Data Entry ( <i>circle which apply</i> ) | <input type="checkbox"/> Gift of Hope Breakfast ( <i>annual</i> )              |
| <input type="checkbox"/> Donor relations   | <input type="checkbox"/> Every Day is a Gift Breakfast 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 and then circle all city areas that apply)

- North: Sanford, Lake Mary
- Central: Casselberry, Longwood, Altamonte Springs, Winter Springs, Winter Park
- East: Oviedo, UCF area, Valencia Community College East area, Waterford Lakes, Avalon Park, Chuluota, Geneva
- West: Apopka, Ocoee, West Orlando, Windermere, Winter Garden, Pine Hills
- 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:

<b>EMPLOYMENT HISTORY</b>		
<b>Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No What is/was your profession? _____	<b>Retired?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Job title _____	
<b>If you are currently employed, please complete the following:</b> Place of Employment _____ Address _____ City _____ State _____ Zip _____ Phone (        ) _____ Extension _____ Fax (        ) _____ Email _____ What are your usual work hours? _____ May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you hold a professional license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete: State _____ Type of license _____ License # _____ Expiration date _____ / _____ / _____		
<b>Does your employer match your volunteer time with a charitable donation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
<b>EDUCATION INFORMATION</b>		
	Course of study/Major	Please circle last grade completed
High School		1   2   3   4
College/University		1   2   3   4
Post Graduate		1   2   3   4
Other _____		
<b>PERSONAL REFERENCES</b>		
<b>Please list the names, addresses and phone numbers of two people whom you have <u>known for at least 7 years</u>.</b> <b><u>Please do not list relatives or family.</u></b>		
1. Name _____	Daytime contact number _____	
Address _____	Relationship _____	
2. Name _____	Daytime contact number _____	
Address _____	Relationship _____	
<b>Have you ever been convicted, pleaded no contest to, or had adjudication withheld on a crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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.		
<b>Have you ever been a defendant in a civil court action?</b> ( <i>i.e. a civil wrong, assault, battery, fraud, etc.</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> 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.		
<b>Have you ever received a citation for driving while intoxicated or lost your drivers license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please briefly specify the details:		
<b>NOTE: Convictions will not necessarily disqualify you from volunteering; however, convictions that fall within hospice care and/or Hospice of the Comforter guidelines will disqualify you due to state and federal regulations.</b>		

## Acknowledgement

<i>Please read carefully, initial each paragraph and sign below.</i>	
<b>Initial</b>	I authorize Hospice of the Comforter to conduct a criminal background check.
<b>Initial</b>	I authorize Hospice of the Comforter to contact the two personal references I have listed.
<b>Initial</b>	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.
<b>Initial</b>	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.
<b>Initial</b>	I understand that I will need to participate in a volunteer interview and volunteer job placement process.
<b>Initial</b>	I understand I will need to provide time and activity reports on the 1st of each month following service.
<b>Initial</b>	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.
<b>Initial</b>	I agree to respect the confidentiality of any patient information I acquire in the course of volunteer activities with Hospice of the Comforter.
<b>Initial</b>	I agree to abide by all policies, regulations and guidelines established by Hospice of the Comforter.
<b>Initial</b>	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.
<b>Initial</b>	I understand that this application will not be considered if questions are left unanswered, if it is not signed and dated, and the criminal background check consent form is not completed in full and signed and dated.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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 send your application and background check authorization one of the following ways:  
**Mail:** Hospice of the Comforter, Attn: Melissa Voda, 480 W. Central Parkway, Altamonte Springs, FL 32714  
**Email:** [melissavoda@hospiceofthecomforter.org](mailto:melissavoda@hospiceofthecomforter.org)  
**Fax:** 407-682-5956