



HOSPICE VOLUNTEER APPLICATION

NAME: _____ TODAY'S DATE: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: HOME _____ WORK _____ CELL/MOBILE _____

SOCIAL SECURITY NUMBER: _____

EMPLOYER: _____ OCCUPATION/JOB TITLE: _____

WORK HOURS: _____ CAN YOU RECEIVE CALLS AT WORK? YES NO

HIGHEST EDUCATION COMPLETED: _____ MAJOR STUDIED: _____

FOREIGN LANGUAGE (if any): _____

ARE YOU A LICENSED VOLUNTEER PROFESSIONAL? Please check all that apply.

Pastor RN Counselor Cosmetologist

FORMER EMPLOYEES: (List the last two employers starting with the most recent one first)

Employer Name	Address & Phone	Position	Dates of Employment

REFERENCES: Name 3 people not related to you, whom you have known at least 2 years.

Name	Email Address	Relationship	Phone Number

HOW DID YOU HEAR ABOUT OGEECHEE AREA HOSPICE? _____

WHY DO YOU WANT TO VOLUNTEER HERE? _____



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HOW DID YOU BECOME INTERESTED IN HOSPICE? _____

PLEASE CHECK WHICH AREA(S) ARE OF INTEREST TO YOU AS A HOSPICE VOLUNTEER
(You may wish to complete this during the interview process):

1. Patient/Family Care

- Home Care Assisted Living Hospital
 Nursing Home Inpatient Center Other

2. Non-Patient Services

- Office/Clerical Mailings Gardening
 Welcome Desk Speaker's Bureau Other

3. Bereavement Services

- Caller Office/Clerical Other
 Mailings Children's Camp

IN WHICH COUNTY(IES) WILL YOU BE WILLING TO SEE PATIENTS?

- Bulloch Bryan Candler Evans Jenkins Screven Tattnall
 Parts of Effingham Parts of Emanuel

HAS A CLOSE FAMILY MEMBER/SIGNIFICANT OTHER DIED IN THE LAST YEAR? If yes, please explain. _____

HOW MANY HOURS (approximate) DO YOU HAVE AVAILABLE EACH WEEK? _____

WHEN WOULD YOU BE AVAILABLE TO VOLUNTEER? Daytime Weekends
 Evenings/After Work Flexible/Most Any Time of Day

VOLUNTEER EXPERIENCE: List the dates, organizations, and duties of any volunteer work you have done in the past or are currently serving. _____

LIST ANY TALENTS/SKILLS YOU POSSESS THAT YOU WOULD BE WILLING TO SHARE WITH OGEECHEE AREA HOSPICE. _____



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HAVE YOU EVER BEEN WITH SOMEONE AT THE TIME OF THEIR DEATH?

YES NO If yes, please briefly explain. _____

HAVE YOU EVER PROVIDED CARE TO ANYONE WHO WAS DYING? YES NO

If yes, please briefly explain. _____

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT OR VOLUNTEER POSITION? YES NO If yes, please explain. _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO If yes, please explain.

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRELUDE YOU FROM SAFELY PERFORMING THE WORK FOR WHICH YOU ARE BEING CONSIDERED WITHOUT THE RISK OR INJURY TO YOURSELF OR OTHERS? YES NO If yes, please explain.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed (volunteers are considered non-compensated employees of Ogeechee Area Hospice), falsified statements on this application shall be grounds for dismissal.

SIGNATURE: _____

DATE: _____

I understand and agree that, if hired for volunteer service, my employment is for no definite period of time and may be terminated at any point by either Ogeechee Area Hospice or volunteer.

SIGNATURE: _____

DATE: _____

PLEASE MAIL THIS APPLICATION TO:

Ogeechee Area Hospice, Inc.
c/o Volunteer Coordinator
P. O. Box 531
Statesboro, GA 30459

01/18BN