

Home Care Home Health Care Hospice Services Infusion Services

Date: _____

Thank you for your interest in becoming a Hospice volunteer. The following information will provide us with a clear understanding of your abilities and interests and will help us to best channel your energies and capabilities. This information will prove most helpful in making volunteer assignments.

General Information:		Are you over 18 years of age?
Name (Last, First, MI)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Street, City, State, Zip)		Preferred Phone No.
Email Address		Best time to reach you
Employer (if applicable)		Telephone No.
Occupation	Position	Working Hours
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____		
Briefly describe type of work you do: _____		
Have you ever worked for HCR Manor Care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, detail: _____ _____		
Have you ever volunteered with Heartland Hospice before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, detail: _____ _____		
What is your availability to volunteer: <input type="checkbox"/> Weekly _____ hrs <input type="checkbox"/> Bi-Weekly _____ hrs. <input type="checkbox"/> Monthly _____ hrs. <input type="checkbox"/> Other _____		
Education: Please describe any previous education or experiences you've had that would be helpful in volunteering.		
Date	Type of Experience	
Personal Information:		
Have you previously done any volunteer work? _____		
How did you hear about Heartland Hospice? _____		
Why do you wish to volunteer for Heartland Hospice? _____ _____ _____		
Have you had experience with the elderly or terminally ill people? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ _____ _____		

Personal Information (cont'd.):

Do you speak any foreign languages? Yes No Which? _____

What strengths and special skills do you bring to Heartland Hospice? _____

Areas of Interest: (Please check areas of interest.)

Patient Related Services

- Caregiver Relief
- Friendly Visits
- Meal Preparation
- Write Letters
- Homemaking Chores
- Music Enrichment
- Shopping/Errands
- Pet Visits
- Vigil
- Bereavement
- Light Yard Work
- Phone Calls
- Other

Non-direct Patient Related Services

- Office Work
- Mass Mailings
- Host for Hospice Gatherings
- Sewing/Crafts
- Other

1. Have you ever been convicted and/or been found by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating patients or of misappropriating patients property in this state or in any other state? If so, please describe the offense, the date and place of the conviction and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer.

___ Yes ___ No

2. Have you ever been convicted of (1) felony, (2) cruelty to persons, or (3) assault of a victim sixty years of age or older? If so please describe the offense, the date of the conviction and the underlying circumstances or other information to help us evaluate you current fitness to become a volunteer.

___ Yes ___ No

3. Have you ever been sanctioned by a healthcare licensing agency in this or another state or in any other United States or foreign jurisdiction? If so, please identify the nature and the date of the action, the licensing agency involved, and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer.

___ Yes ___ No

"I hereby certify that I have not been convicted and/or found guilty of patient abuse, neglect, or mistreatment, or misappropriation of patient property in this state or in any state and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer to become a volunteer by Heartland Home Health Care & Hospice is conditional upon verification of this information with the state patient abuse registry and that a listing on such a registry or registries of any other state may act as an automatic withdrawal of any such offer to become a volunteer."

I understand that Heartland Home Health Care and Hospice requires a thorough background investigation for all potential volunteers. This investigation is limited to only that information required to determine fitness for volunteering and may include, but is not limited to: past employment history verification, job performance, disciplinary record, financial/credit history, and a criminal background investigation. By affixing my signature to this document I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

Signature of Applicant _____ **Date:** _____

In Case of Emergency:

Contact (Name) _____

Telephone No _____

Relationship _____

Telephone No _____