



volunteer application

Name _____ email _____

Mailing address _____

Home phone _____ cell _____ work _____

Date of birth _____ occupation _____

Employer _____ May we call you at work? yes no emergency only

Person to be notified in an emergency

Name _____ email _____

Mailing address _____

Home phone _____ cell _____ work _____

Two personal references

Name _____ email _____

Mailing address _____

Home phone _____ cell _____ work _____

Name _____ email _____

Mailing address _____

Home phone _____ cell _____ work _____

How did you hear about our hospice volunteer program?

Why do you want to be a hospice volunteer?

Please provide brief autobiographical highlights, including your personal and professional history, along with your education, any special training, skills and hobbies that would apply to your role as a volunteer. (Feel free to use additional pages for this or any question...)

What are your greatest strengths? What are your greatest weaknesses?

If you have strong feelings and/or opinions (political, religious, personal), can you quiet them and listen to others without judging their thought processes or offering advice?

Please summarize your thoughts and feelings about the emotional/ physical challenges at end of life.

Have you cared for someone who was dying, or been with them at the time of death? Please describe.

How available and flexible can you be in meeting the needs of patients and families?

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I will work. I, like they, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I understand that any information disclosed to me while assisting Coastal Family Hospice Volunteers (CFHV) is confidential. I understand "volunteer" to mean that I have agreed to work without compensation in money. And once accepted as a volunteer worker, I expect to do my work according to the standards set forth in CFHV's policy and procedure handbook.

DECLARATION

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the Code of Ethics for Volunteers (above) and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my activities with Coastal Family Hospice Volunteers.

Applicant Signature

Date

Please return application to Coastal Family Hospice Volunteers, 91 Camden St., Suite 408, Rockland, ME 04841.