



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Training Date Completed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we call you at work?  Yes  No  Emergency only

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Birthday: \_\_\_\_\_ (month & day only)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Education background \_\_\_\_\_

### Volunteer History:

<u>Organization</u>	<u>Years of Service</u>	<u>Description of Work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Work History:

<u>Name of Employer</u>	<u>Years of Service</u>	<u>Description of Work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What qualities (skills, talents, knowledge, and experiences) do you feel you can incorporate into your hospice volunteer work? \_\_\_\_\_

Do you have: Your own transportation?  Yes  No

Liability Insurance?  Yes  No

Valid Driver's License?  Yes  No

**Identified Areas of Interest**

\*\*Please check **all** that apply for the following:

**When are you able to volunteer?**

Days  Evenings  Nights  Weekends

Sundays  Mondays  Tuesdays  Wednesdays  Thursdays  Fridays  Saturdays

**Patient/Family Care:**

In Home  In Nursing Home  In Facility  Male  Female  Child

**Bereavement:**

Home visits  Caller  Support Group Co-Facilitator  Memorial Service Committee

**Non-Patient Services:**

Clerical  Fundraising  Mailings  Events  Donate Food to Special Events

**Transportation:**  yes  no If yes, location/distance willing to assist: \_\_\_\_\_

**Other areas of interest that you may be a special match for:**

Meal assistance  holiday food preparation/serving  gardening  home repair

foreign language -- which language? \_\_\_\_\_  Other \_\_\_\_\_

**Special Considerations:**

Prefer non smoking  Prefer no pets in home  Other, \_\_\_\_\_

**Iowa Hospice:**

What services would you like the Volunteer program to provide to the volunteers?

1. \_\_\_\_\_

2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Would you like CPR to be a part of the training course?.

**References and background check**

As any organization providing care to individuals and families within their homes, Iowa Hospice has a special responsibility to protect the interests of both patients and their families and volunteers. Please list three references. At least two of these individuals will be contacted regarding their opinion of your ability to perform the duties required of an Iowa Hospice Volunteers. References will remain confidential.

Personal Reference: (excluding family members) Please provide a complete address, as references are varied by mail if unable to contact by phone.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you give permission for above individuals to be contacted?  yes  no

Have you ever been convicted of a felony:  yes  no If yes, explain

\_\_\_\_\_

\_\_\_\_\_

Reported for adult/child abuse:  yes  no If yes, explain

---

---

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 character and public records for the purpose of determining my suitability as a volunteer.

---

Applicant Signature

---

Date