



Volunteer Application

The ability to serve as a Volunteer for Willamette Valley Hospice is contingent upon passing a drug screening and a national criminal background check.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		CITY/STATE/ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS
If currently employed, can we contact you at work? (yes/no)		
EMPLOYER:		WORK PHONE:
In case of emergency notify:		
NAME:		PHONE:

REFERRAL SOURCE(S)

How did you learn about volunteering at Willamette Valley Hospice? Please check all that apply.

Family
 Friend
 Staff
 Brochure
 Internet
 Health Fair
 Newspaper
 Other

REFERENCES

Please list two references (non-family members) who can address your suitability to become a volunteer. Please notify them so that they will be expecting our inquiry.

Name: _____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Relationship: _____	Name: _____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Relationship: _____
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PREVIOUS VOLUNTEER EXPERIENCE (agencies, tasks, responsibilities, length of service)

(use another sheet if necessary)

LIFE EXPERIENCES, INTERESTS, SKILLS, HOBBIES

(use another sheet if necessary)

Are you a military veteran? _____ If yes, which branch of service? _____

Briefly explain why you wish to be a hospice volunteer.

AREAS OF INTEREST FOR VOLUNTEERING

Interested in (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Patient/Family Support | <input type="checkbox"/> Outreach/Fundraising | <input type="checkbox"/> Pet Therapy |
| <input type="checkbox"/> Pet Peace of Mind | <input type="checkbox"/> Bereavement Support | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Veteran-to-Veteran | <input type="checkbox"/> Tokarski Adult Foster Home | <input type="checkbox"/> Life Review |

Please read carefully, then initial each paragraph and sign below:

_____ I understand and acknowledge that I will be required to submit to a drug test. I hereby authorize the release of the results of such an examination to Willamette Valley Hospice for their use in evaluating my suitability for being a volunteer. In addition, I release the examining facility and Willamette Valley Hospice from any and all liability, and from any damage that may result from the release of such information.

_____ I authorize Willamette Valley Hospice to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Willamette Valley Hospice has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from a volunteer position.

THE PRECEDING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE RELEASE OF VERIFYING INFORMATION TO WILLAMETTE VALLEY HOSPICE.

Signature

Date