

**ACACIA HOSPICE
VOLUNTEER APPLICATION**

Thank you for your interest in becoming a Hospice Volunteer. The following information is needed for us to have a clear understanding of your abilities and interests that will help us fulfill your desire to help Acacia Hospice and our patients and families.

GENERAL INFORMATION

Name _____ Are you over 18 years of age? ____ Yes ____ No

Address _____ City/State/Zip Code: _____

Phone Numbers: Home _____ Cell _____ EMAIL _____
Work _____ Can you receive calls at work? ____ Yes ____ No

Employment Status ____ Presently employed ____ Full-time ____ Part-time ____ Retired/Not working

Hospice availability ____ Day ____ Evening ____ Weekends ____ Other _____

Work Experience:

Education/Interests: (List any training, areas of skill or interest you have that could be helpful in hospice)

Two Personal References (excluding family members):

Name: _____	Phone: _____
Address _____	Alternate Phone _____
Name: _____	Phone : _____
Address _____	Alternate Phone _____

Permission to contact references? ____ Yes ____ No

Have you ever been a Hospice volunteer? ____ Yes ____ No **If yes, when and where** _____

Have you had any personal/family experience with hospice care? ____ Yes ____ No **If yes, please explain**

Have you lost a loved one within the last year? ____ Yes ____ No **If yes, see below**

Acacia Hospice requests that anyone who has experienced a death of a loved one within the past year wait twelve months past the death to volunteer. It gives you time to start your healing process.

Why do you want to be a hospice volunteer? _____

Where did you hear about Acacia Hospice need for volunteers?

Personal Information (Cont'd)

Have you had experience with the terminally ill? Yes No If yes, explain

Do you speak another language(s) other than English? Yes No If yes, which language(s)

List any licenses/certificates you currently hold: _____

Do you have transportation for hospice volunteer work Yes No

What strengths do you bring to Acacia Hospice? _____

Areas of Interest: Home visits Nursing Home Visits Bereavement Office/Clerical

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 of 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 If yes, explain _____
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 your current fitness to become a volunteer.
 Yes No If yes, explain _____
3. Have you ever been sanctioned by a healthcare licensing agency in this or another U. S. state or foreign jurisdiction? If so, please identify the nature and the date of the action, the agency, and the underlying circumstances and information to help us evaluate your current fitness to become a volunteer.
 Yes No If yes, explain _____

“I hereby certify that I have not been convicted and/or found guilty of client, abuse, neglect or mistreatment or misappropriate of patient property in this state of any state and that I am not listed in any resident or client abuse registry in this state of in any other state. I understand that any offer to become a volunteer by Masonic 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 Acacia 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 a criminal background investigation. By affixing my signature to this document, I agree to hold harmless any previous employer, agent of that corporation or nay individual or organization providing information pursuant to the Authorization

Signature of Applicant _____ **Date** _____

In Case of Emergency

Contact (Name) _____ Telephone _____

Physician _____ Telephone _____