



Volunteer Service Application

NOTE: Upon completion of this application and two (2) references letters, please return all materials to Hospice Family Care. The Volunteer Coordinator will then contact you to schedule your interview.

Name: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____ Cell Phone: () _____ - _____

E-mail address: _____

Social Security Number: _____ Driver's License Number _____

Foreign languages spoken and degree of fluency:

Highest Level of Education: (Please check)

- Some or no high school
- High school graduate
- Some college/professional/technical school: years _____
- College/professional school graduate
- Degree, field of study: _____

Occupation: _____

Place of Employment: _____

Address of Employment: _____

Supervisor: _____ Phone: _____

(Please circle):

Full time

Part time

Unemployed

Retired

Religious Affiliation/Denomination: _____

On whom do you call for support? _____

AVAILABILITY: We ask that you make a commitment to volunteer on a regular basis. Shifts last between 3 and 4 hours, depending on volunteer position and need.

Please check your availability:

Morning Afternoon Evening

From: (Beginning time) _____ to (Ending time) _____

(Circle days available): M Tu W Th F Sat Sun

VOLUNTEER EXPERIENCE: Please list any previous volunteer experience:

Date Agency Supervisor Volunteer Assignment

VOLUNTEER PLACEMENT:

SKILLS: Please let us know if you have any special skills you would like to share (i.e. arts and crafts, secretarial/administrative skills, a foreign language, public speaking knowledge, etc.)

Please list your skills:

QUESTIONS: *Please fill out the following questions so that we can determine the volunteer placement that best matches your interest and experience.*

- How did you become interested in volunteering at Hospice Family Care and what would you like to gain from your volunteer experience?
- What experience have you had in working or caring for the terminally ill? What about being around sick children?
- If you were to be accepted as a volunteer, what do you think your strengths would be?
- What would present the toughest challenge to you in your role as a volunteer at HFC?

- How would you handle the stress and emotions that come with working with people who have life threatening illnesses? How have you coped with difficult emotional situations in the past?

- Please describe your personal views regarding life and death?

CONFIDENTIALITY: *Please read and sign at the bottom indicating that you have read and understand the following.*

I understand and agree that in the performance of my duties as a volunteer of Hospice Family Care and I must hold patient information in confidence. HFC volunteers have an ethical responsibility to protect patient's privacy. Information regarding patients must **not** be released, disclosed, or discussed either inside or outside of HFC.

There are laws, both state and federal, safeguarding patient records and penalties for the release of confidential information without patient authorization. I understand all may result in punitive action including possible termination, fine or imprisonment.

As a volunteer I will consider all confidential information that I hear about patients, families or hospital personnel as private. I will not discuss a patient's medical condition except with a team member of HFC.

I also understand that if I use my personal automobile in my volunteer service, I will arrange to keep in force an automobile insurance equal to the minimum limits as required by Alabama State Law.

Signature

Date



Volunteer Reference Letter

I. Volunteer Applicant fills in the following information:

I, _____ authorize _____
Volunteer applicant name *Name of person giving reference*

to give a personal reference of myself to Hospice Family Care.

Signature of Volunteer Applicant

Date

II. Person giving the reference completes the following information:

Name: _____ Telephone: _____

1) How long have you known the above person? _____

2) In what capacity have you know him/her? _____

3) What is your sense of his/her coping skills in working with dying patients?

4) Other comments:

Signature of Person Giving Reference

Date

Please return this reference letter to:

Hospice Family Care
Volunteer Coordinator
3304 Westmill Drive
Huntsville, AL 35805
(256) 650-1212



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