



14.1c NIAGARA HOSPICE VOLUNTEER APPLICATION

PLEASE PRINT

Name (Miss/Mr./ Mrs./Ms.) _____ Nickname _____

Home Address _____
Street/PO Box _____ City _____ Zip _____

Date of Birth _____

Home Phone _____ Business Phone _____ Ext. _____

E-Mail address _____ Cell Phone _____

In case of emergency, notify _____

Relationship _____ Emergency Contact Phone _____

Next of Kin _____ Phone _____
(If different than above)

BACKGROUND INFORMATION

Have you ever been convicted of a crime? No Yes

If Yes, explain: _____

In order to protect the vulnerable and compromised patients served by this organization, you are asked to disclose whether you have ever been charged with a crime that involves (Check any and all that apply):

1. _____ The illegal use or sale of drugs
2. _____ Physical or mental harm to another person
3. _____ Theft and/or illegal possession of weapons

How did you learn of Niagara Hospice? _____

Why do you want to be a Niagara Hospice volunteer? _____

Educational Background: (Check the highest level of education)

____ College graduate ____ College student
____ High school graduate ____ Technical school graduate
Degree: _____

Are you a US Veteran? Yes No

If Yes, branch of service: _____

Are you currently employed? Yes No

Employer _____ Occupation _____

May we contact you at work? Yes No

Working Hours: _____

VOLUNTEER EXPERIENCE

Organization _____ Dates From: _____ To: _____

TRANSPORTATION

Do you drive? Yes No

Do you have a car? Yes No

SPECIAL SKILLS OR TALENTS

- Nursing Photography Counseling Chaplaincy Music
 Beautician/Barber Cooking Pet Visits Fundraising Arts/Crafts
 Computer Graphic Design Social Media Handyman Public Speaking

Do you speak any foreign languages? Please list: _____

Other skills: _____

Are you a currently licensed health care professional? Yes No

Please list your current professional license numbers and expiration dates, if applicable.

Do you carry professional liability insurance? Yes No

HEALTH

Describe your general health in the past year: Good Fair Poor

Please list any allergies: _____

Please specify any physical restrictions that might affect your volunteer placement:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for discontinuation of my volunteer services. As a trained Niagara Hospice Volunteer, I realize that I assume certain responsibilities and expect to be held accountable for what I do in terms of the duties assigned. In addition, it is understood that continued refusal of assignments will result in termination from the Volunteer Services Program.

Hospice Volunteer Signature

Date

Volunteer Coordinator Signature

Date