



HOSPICE VOLUNTEER APPLICATION

Thank you for your interest in volunteering for Keystone Hospice. Please **PRINT** your responses and return this form to the Director of Volunteers. This information is confidential and will be for Keystone Hospice use only.

Keystone Hospice is committed to ensuring equal volunteer opportunity. Keystone will not engage in or tolerate unlawful discrimination on account of a person's age, sex, race, color, religion, creed, national origin, limited English proficiency, citizenship, disability, handicap, sexual orientation, marital status, veteran's status, military status, or membership in any other protected group.

Preferred Title: Mr. Mrs. Ms. Dr. Rev. Other: _____

Last Name: _____ First Name: _____ MI: _____ Maiden Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Marital Status: _____ Social Security # _____

Cultural Identification: _____ Date of Birth: _____ Age: _____

Occupation: _____ Employer: _____ Full-Time Part-Time

Retired Unemployed Student. School & Course of Study: _____

Education (check highest level completed): High School Assoc. Degree College Post-Graduate Other: _____

Emergency Contact: Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

What type of volunteer opportunities are you interested in? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Community Relations & Outreach |
| <input type="checkbox"/> Vigil Volunteer/Patient Care | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Complementary Care. Specialty: _____ |
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Other (please describe): _____ |

Why do you want to volunteer for Keystone Hospice? _____

How did you hear of Keystone Hospice? _____

Please list past and present volunteer experiences. Include agencies and description of activities:

Have you experienced a significant personal loss? No Yes. If yes, please describe your relationship and what you learned from this experience. _____

Have you ever spent time with someone who has been seriously ill or died? No Yes. If yes, how did that experience affect you? _____

Hobbies, Special Skills & Interests: _____

Volunteer Application, Page 2. Name: _____

Professional Licenses & Certifications:

Type	State (if applicable)	Date	Exp. Date	Number

Transportation (Note: Volunteers who use their personal vehicles for hospice-related activities will need to have a Motor Vehicle Check.)

Driver's License: No Yes. License Number: _____ State: _____

Do you have access to a car: Yes No Insurance Company: _____

Availability: Weekdays: Morning Afternoon Evening

Weekends: Morning Afternoon Evening

What languages do you speak fluently? _____

Have you ever been convicted of a felony or misdemeanor crime? Yes No

(A criminal conviction will not necessarily bar you from volunteering. We will consider the nature of the crime, the time that has expired since its occurrence, and any rehabilitation you may have undergone.)

Do you have any physical limitations? _____

Please add any information you feel pertinent to your application: _____

Applicant Acknowledgement

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of volunteer status.

I authorize Keystone to investigate my employment/volunteer history, credentials, and to obtain any relevant information (including a criminal and child abuse background check) needed for this volunteer application. I authorize Keystone to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I release Keystone and any individual or entity providing information to Keystone from all liability for any damages from the disclosure of this information.

I also understand and agree that in order to work directly with patients and for doing administrative tasks at Keystone House, passing a medical examination and completing an annual health assessment will be required. If medical restrictions cannot be reasonably accommodated, I may not be retained as a volunteer.

I understand and agree that nothing contained in this volunteer application or in granting of an interview creates a contract between Keystone Hospice and myself for either volunteer status or for the providing of any benefit. No promises regarding volunteer status have been made to me. I further understand that I must keep strictly confidential any and all information I may have access to regarding Keystone patients, other volunteers and employees.

This application will not be considered complete without the applicant's signature.

Applicant's Signature: _____ Date: _____

Thank you for considering Keystone Hospice as an opportunity for volunteering and service. If you have any questions, please call 215-836-2440, ext. 320. Please return this application to:

Christine DeVore, Director of Volunteers, Keystone Hospice, 8765 Stenton Avenue, Wyndmoor, PA 19038
 Application may be faxed to her attention: 215-836-2448