**Volunteer Application**



Thank you for your interest in volunteering for Keystone Hospice.

Please PRINT/TYPE 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 the 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.)

* **Patient Care**
* **Meals On Wheels**
* **Bereavement**
* **Chaplaincy**

**🞎 Administrative/Clerical**

**🞎 Community Relations & Outreach**

**🞎 Gardening**

**🞎 Special Events**

**🞎 Complementary Care Specialty:**

**🞎 Other:**

**Why do you want to volunteer for Keystone Hospice?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**How did you hear of Keystone Hospice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**Have you experienced a significant personal loss?** 🞎 **NO** 🞎 **YES**

**If YES, please describe your relationship and what you learned from this experience**. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(APPLICATION CONTINUED ON BACK)***

Volunteer Application Page 2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever spent time with someone who has been seriously ill or died?** 🞎 **NO** 🞎 **YES**

**If YES, how did that experience affect you?**

**Have you ever spent time with someone who has been seriously ill or died?** 🞎 **NO** 🞎 **YES**

**If YES, how did that experience affect you?**

###### Professional Licenses & Certifications:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TYPE:** | **STATE:** | **DATE:** | **EXP DATE** | **NUMBER** | **OTHER INFO** |
| **1 -** |  |  |  |  |  |
| **2 -** |  |  |  |  |  |
| **3 -** |  |  |  |  |  |

**Hobbies, Special Skills & Interests:**

**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:

Access to a car: 🞎 **NO** 🞎 **YES**  Insurance Information:

**What languages do you speak fluently?**

# Have you ever been convicted of a felony or misdemeanor crime? 🞎 NO 🞎 YES

(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| 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, and 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 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 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 provision of any benefit. No promises regarding volunteer status have been made to me. I further understand that I must keep strictly confidential 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. 329.

Please return this application to Carolyn Kushner, Director of Volunteers, Keystone Hospice, 8765 Stenton Avenue, Wyndmoor, PA 19038, OR email to [ckushner@keystonecare.com](mailto:ckushner@keystonecare.com)

*CK – 01/2022*