



Volunteer Application

To Applicant: We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please print clearly.

Date: _____

Name _____ Date of Birth: _____

Address _____ City/State/Zip _____

Telephone (Home) _____ (Cell) _____

(Work) _____ Can we call you at work? Yes No

E-mail Address _____ What's the best way to reach you? Email Phone Text

We occasionally send emails about events and volunteer-related topics. Would you like to receive these emails? Yes No

Have you ever volunteered for a hospice before? Yes No If yes, when? _____

What did you do? _____ Did you serve in the military? Yes No Which branch? _____

Work experience*

Organization _____ Dates: From _____ To _____

Job Title/Work Schedule _____ May we contact the above as a reference? Yes No

Volunteer experience*

Organization _____ Dates: From _____ To _____

Duties Performed _____

May we contact them for a reference? Yes No **If you need additional space, continue on separate sheet of paper.*

References (no family members)

1. _____
(Name and Occupation) (Phone) (Address)

2. _____
(Name and Occupation) (Phone) (Address)

We guarantee confidentiality to all Hospice patients and families. Will you honor that guarantee? Yes No

We are required to run background checks on volunteers and employees, which requires applicants to share their Social Security number with us. Direct patient contact is contingent on the receipt of an approved background check.

By signing this application, I hereby verify the above information to be accurate, and give Hospice of the Red River Valley permission to contact my references, unless noted otherwise in the Work or Volunteer Experience sections.

Signature of Applicant _____ Date _____

Volunteer Information

Name _____ Date _____

What type of volunteer work would you like to do?

Patient Care Visits

- Companionship: Visiting, playing cards, holding a hand, reading, playing music, wheelchair ride, etc.
- Respite visit: Visit patient in the home setting to allow the caregiver a break to leave the home
- Errands/shopping
- Handyman/simple household tasks
- Music: Sharing music through: Singing Instrument (please list) _____
- Light housekeeping: May consist of dusting, light vacuuming and sweeping common areas in the home
- Courier: Drive to deliver needed supplies to patients
- Pathway Program: On-call program where volunteer sits with the patient when actively dying (2-3 days until death). This program requires volunteer to attend an additional training (1½ hours).

For patient care visits, I prefer to visit: Nursing home Patient's home Either

Other Patient Care Visits (Licensure/Certification Required)

- Pet therapy Haircuts Massage therapy

Office Support

- Reception desk Filing/mailings Data entry HRRV Library Sew Celebration Bears

Heirlooms Thrift & Gift

- Cashier Receiving/Sorting

Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Restrictions

Restrictions No smoking No cats No dogs

Allergies (type) _____ Physical limitations _____

Other _____

Are you willing to travel to visit a patient? Yes No If yes, how far? _____

Are you comfortable visiting dementia/Alzheimer's patients? Yes No

Every patient you come into contact with may have an infectious disease and not even know it. If you would prefer not to volunteer with patients we know have an infectious disease, please check here: