



Volunteer Services Application

Applicant Name: _____ Phone: _____

DOB: _____

Street Address: _____ Apt or

Unit: _____

City: _____ State: _____

Zip: _____

Email: _____ Best way to reach you?

Phone Email

Are you currently employed? _____ If yes, where?

Do you have reliable transportation? _____ (Proof of current registration required)

Please list any professional license(s) you have:

How did you learn about this position?

Please indicate your availability:

	Morning	Afternoon	Evening	Night
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Do you have any previous experience as a Hospice Volunteer? _____ YES _____ NO

If yes, please explain:

Please list your past and current Volunteer experiences:

What brought you to consider volunteering in hospice and end of life care?

What are your thoughts and feelings about hospice and end of life?

What is your vision for the role of Hospice Volunteer?

Have you ever been convicted and/or been found by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating patients or of misappropriating patient's property in this state or in any other state?

NO YES If yes, explain:

Have you ever been convicted of (1) felony, (2) cruelty to persons, or (3) assault of a victim sixty years of age or older?

NO YES If yes, explain:

Have you ever been sanctioned by a healthcare licensing agency in this or another state or in any other United States or foreign jurisdiction?

NO YES If yes, explain:

I hereby certify that I have not been convicted and/or found guilty of patient abuse, neglect, or mistreatment, or misappropriation of patient property in this state or in any state and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer to become a Volunteer Minnesota Hospice is conditional upon verification of this information with the state patient abuse registry, and that a listing on such a registry or registries of any other state may act as an automatic withdrawal of any such offer to become a Volunteer.

I understand that Minnesota Hospice requires a thorough background investigation for all potential Volunteers. This investigation is limited to only that information required to determine fitness for volunteering and may include but is not limited to: past employment history verification, job performance, disciplinary record, financial/credit history, and a criminal background investigation. By affixing my signature to this document, I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

Applicant Signature: _____

Date: _____

Code of Ethics: As a volunteer, I realize that I am subject to a code of ethics similar to the Professionals in the field in which I work. I, like them, assume certain responsibilities and am expected to account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting Minnesota Hospice is confidential.

I interpret "Volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a Volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

I promise to take to my work and attitude of open mindedness, to be willing to be trained for it according to the standards and practices of Minnesota Hospice, and to bring to my work my full interest and attention. I believe my attitude toward volunteer work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public.

Declaration: I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Minnesota Hospice.

Volunteer Signature: _____
Date: _____

To Apply:

Mail or drop off in person: 17645 Juniper Path Suite 155 Lakeville MN 55044

Send via fax: (952) 898-4006