



## Volunteer Application

Name		Date
Address		Phone
City/Zip	Area or Subdivision	
Date of Birth ____/____/____	Social Security# ____/____/____	
E-Mail Address		Alternate Phone
<b>EMERGENCY CONTACT</b>	Name	Phone Number

### YEAR ROUND STATUS

Are you a year-round resident?  Yes  No If no, what months are you available? \_\_\_\_\_ to \_\_\_\_\_

### AUTO

Driver's License #		Expires
Auto Insurance Co.	Policy #	Expires

### EMPLOYMENT

Current or last place of employment	
Employer Contact	Phone

EDUCATION  High School  College  Other \_\_\_\_\_

Degree / Other Training

### LIFE EXPERIENCE

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accounting     | <input type="checkbox"/> Computer Work   | <input type="checkbox"/> Nursing          |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Crafts          | <input type="checkbox"/> Organizing       |
| <input type="checkbox"/> Art            | <input type="checkbox"/> Filing          | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Bookkeeping    | <input type="checkbox"/> Homemaker       | <input type="checkbox"/> Sewing           |
| <input type="checkbox"/> Marketing      | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Retail           |
| <input type="checkbox"/> Carpentry      | <input type="checkbox"/> Mechanical      | <input type="checkbox"/> Typing           |
| <input type="checkbox"/> Communication  | <input type="checkbox"/> Musical         | <input type="checkbox"/> Other _____      |

Why do you want to be an HPH Hospice volunteer?

What are you initially interested in doing as a volunteer?

List any previous or current volunteer experience:

Other organizations of which you are a member:

Do you speak a foreign language? (please specify)

## MILITARY HISTORY

Did you serve in the military?

Did you serve on active duty?  Yes  No

## MILITARY BACKGROUND

In which branch of the military did you serve?

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Army      | <input type="checkbox"/> Marines                            | <input type="checkbox"/> Merchant Marines during WWII |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Coast Guard                        | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Reservist or National Guard Member |   |

In which war era or period of service did you serve?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> WWI (4/6/17 to 11/11/18)   | <input type="checkbox"/> Vietnam (8/5/64 to 5/7/75 and 2/28/61 for veterans who served "in country" (in Vietnam) before 8/5/64) | <input type="checkbox"/> Peace Time                 |
| <input type="checkbox"/> WWII (12/7/41 to 12/31/46) | <input type="checkbox"/> Gulf War (8/2/90 through a date to be set by law or presidential proclamation)                         | <input type="checkbox"/> Afghanistan/Iraq (OEF/OIF) |
| <input type="checkbox"/> Korea (6/27/50 to 1/31/55) |   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Cold War                   |   |   |

Note: after 9/7/80, must have completed 24 months continuous active service, or the full period for which they were called or ordered to active duty.

Are you interested in visiting patients who are veterans?  Yes  No

In which of the following We Honor Veterans (WHV) Programs are you interested?

**Veteran-to-Veteran Volunteers**

Volunteers who are veterans will be assigned with WHV patients. We will do our best to match branch of service when possible. Volunteers will visit patients at home, in nursing homes, assisted living facilities and HPH facilities. Volunteers will receive specialized training on service-related diseases, illnesses and emotional issues of veterans by military era or war.

**Recognition Volunteers**

Volunteers who are veterans will visit WHV patients to recognize them for their service to our country. Volunteers will present a personalized certificate of appreciation and veteran lapel pin.

**Veteran Remembrance Partners**

Volunteers who are veterans will represent HPH Hospice at funerals and/or memorials of WHV patients.

### HOW DID YOU HEAR ABOUT OUR PROGRAM?

Newspaper  Friend  Brochure  Volunteer \_\_\_\_\_ (name)

Other: (Please specify)

### INFORMATION FOR SERVICE AREA PLACEMENT

Do you have any physical limitations that would affect your placement, such as a bad back, hearing, vision, night blindness, etc.?

Have you ever been convicted of a crime, had adjudication withheld, or pled nolo contendere (no contest)?  Yes  No

If yes, please explain:

Have you experienced the death of someone close to you within the last year?  Yes  No

If yes, please give date and explain:

### PERSONAL REFERENCES

List three personal references other than family members. Please include complete name, address, zip code, and phone number.  
*Please Print*

Name	Phone
Address	City/State/Zip
Name	Phone
Address	City/State/Zip
Name	Phone
Address	City/State/Zip

### ACKNOWLEDGEMENT

In consideration of being a volunteer for HPH Hospice, I do hereby assume the risk of injury and all medical expense incurred from any injury resulting from my volunteer participation. I understand, acknowledge and agree I am not covered by Workers' Compensation insurance or benefits provided there under and I do hereby release, discharge and hold harmless HPH Hospice, its agents, representatives, employees and patient families from any and all claims whatsoever, known or unknown, for damages or injuries to myself.

I acknowledge that I will be expected, before placement, to complete all required sessions of the Volunteer Training Program and provide a copy of the required documents, which include my valid driver's license, social security card, and proof of auto insurance. I will also be required to submit to an annual TB screening.

The information provided in this application is true in all respects without any willful omissions. I authorize HPH Hospice to obtain a personal reference and background check. I understand that, if this application is false in any way, I will be dismissed without further notice regardless of when the false information is discovered.

Signature	Date
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