





Hospice of Lake Cumberland Volunteer Application

Personal Information:)ate:	
Last Name	First & Middle N	First & Middle Names City, State		Preferred Name	
Street Address	City			County	
Cell Phone: ()	Home Phone: ()	Work Phone:(
Date of Birth://	_ Email Address:				
Facebook Account User Name:_		Twitter Acco	ount User Name:		
Instagram Account User Name:_	T-Shirt Size:				
Preferred Method of Contact (Ple	ease Check all that Apply)	·.			
Home PhoneCell Ph	oneWork Phone	Text Messag	eEmailMa	ilFacebook	
If you have email, may we send	all communications, such	as newsletters v	via email?Yes	No	
The Best Time to Reach Me is: _	MorningAfterno	onEvenir	ng		
The Best Hours to volunteer (Ple	ease check all that apply):	Morning	AfternoonEv	rening	
The Best Days to volunteer (Ple	ase check all that apply): _	MonTue	esWedThurs	_FriSatSur	
Employer:			Part Tim	neFull Time	
Highest Level of Education:				College Degree	
Languages Spoken:English	SpanishSign La	inguageC	Other:		
What qualities (skills, talents, kno	owledge and experiences)	do you feel you	ı can incorporate into yo	our volunteer work?	
How did you hear about our Hos	pice volunteer program? _				
Why do you want to be a Hospic	e volunteer?				

Volunteer Preferences:				
I would like to volunteer up tohours per week. I prefe	er to travel no more than miles one way.			
I prefer to volunteer at: (Please check all that apply):				
Somerset OfficeMonticello OfficeHomesJean Wa	ddle Care CenterHospitalNursing FacilityEvents			
Would you consider sitting with a patient who is actively dying with no family present?YesNo				
Assignment Preference(s) (Please check ALL that Apply)				
Patient Companionship/Socialization VisitCaregive	er BreakBereavement SupportCamp Promise			
Delivery/Errands for Patient/FamilySpiritual Supp	ortCare CenterSunday Morning Volunteer			
Pet Peace of Mind VolunteerYard WorkHandymanWoodworkingSewing/Crafting Projects				
Baking ItemsSpecial EventsOffice Support	Children/Teen PatientsAdult Patients			
Community AwarenessDecorateFundraising	PhotographyWe Honor Veterans			
Assist with our TLC (Teens Learning Compassion) Program providing transportation and mentoring to Teen Volunteers				
Other:				
Emergency Contact: Name:	**************************************			
Home Phone: ()	,			
<u>References:</u> Please List Three Professional References; One Must be Your Most Recent Employer (By signing below, I authorize Hospice to contact these individuals to obtain personal reference checks):				
Name: Relationship	p: Phone: ()			
Name: Relationship				
Name: Relationship	o: Phone: ()			
knowledge. I understand that by submitting this application I character, and public records for the purpose of determining my meet our regulatory requirements. I agree to respect the confic volunteer activities with Hospice of Lake Cumberland. As a volu which binds the professional in the field in which I work. I like what I do in terms of what if expected of me. I understand that a Lake Cumberland is confidential. I interpret "volunteer" to mean having been accepted as a volunteer worker, I expected to do m Handbook. I hereby certify that statements made on this appunderstand that, by submitting this application, I authorize inquir purposes of determining my suitability as a volunteer. I affirm I have regulations. Photo Release: I understand that volunteers may be photogra	authorize inquiries to be made concerning my employment, suitability as a volunteer, and background checks at any time to dentiality of any client information I acquire in the course of my inteer, I realize that I am subject to a code of ethics similar to that them, assume certain responsibilities and expect to account for any information that is disclosed to me while assisting Hospice of that I have agreed to work without compensation in money but my work according to standards set forth in the Volunteer Policies polication are true and correct to the best of my knowledge. I es to be made concerning my employment and character for the lave read the Code of Ethics for Volunteers and agree to abide by phed, filmed, and/or videoed by staff, volunteers, or designated ideo may be used for the purpose of publicity and/or advertising			
•	nedia purposes, including, but not limited to, television, website,			
Signature of Applicant:	Date:			