



## Hospice of Lake Cumberland Volunteer Application

**Personal Information:**

Date: \_\_\_\_\_

\_\_\_\_\_

Last Name

First & Middle Names

Preferred Name

\_\_\_\_\_

Street Address

City, State

Zip Code

County

Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Facebook Account User Name: \_\_\_\_\_ Twitter Account User Name: \_\_\_\_\_

Instagram Account User Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Preferred Method of Contact (*Please Check all that Apply*).

\_\_\_ Home Phone \_\_\_ Cell Phone \_\_\_ Work Phone \_\_\_ Text Message \_\_\_ Email \_\_\_ Mail \_\_\_ Facebook

If you have email, may we send all communications, such as newsletters via email? \_\_\_ Yes \_\_\_ No

The Best Time to Reach Me is: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening

The Best **Hours** to volunteer (*Please check all that apply*): \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening

The Best **Days** to volunteer (*Please check all that apply*): \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun

Employer: \_\_\_\_\_ Part Time \_\_\_ Full Time \_\_\_

Highest Level of Education: \_\_\_ High School \_\_\_ Some College/Trade/Vocational School \_\_\_ College Degree

Languages Spoken: \_\_\_ English \_\_\_ Spanish \_\_\_ Sign Language \_\_\_ Other: \_\_\_\_\_

What qualities (skills, talents, knowledge and experiences) do you feel you can incorporate into your volunteer work?

\_\_\_\_\_

How did you hear about our Hospice volunteer program? \_\_\_\_\_

Why do you want to be a Hospice volunteer? \_\_\_\_\_

**Volunteer Preferences:**

I would like to volunteer up to \_\_\_\_\_ hours per week. I prefer to travel no more than \_\_\_\_\_ miles one way.

**I prefer to volunteer at:** *(Please check all that apply):*

Somerset Office  Monticello Office  Homes  Jean Waddle Care Center  Hospital  Nursing Facility  Events

**Would you consider sitting with a patient who is actively dying with no family present?**  Yes  No

**Assignment Preference(s)** *(Please check ALL that Apply)*

Patient Companionship/Socialization Visit  Caregiver Break  Bereavement Support  Camp Promise

Delivery/Errands for Patient/Family  Spiritual Support  Care Center  Sunday Morning Volunteer

Pet Peace of Mind Volunteer  Yard Work  Handyman  Woodworking  Sewing/Crafting Projects

Baking Items  Special Events  Office Support  Children/Teen Patients  Adult Patients

Community Awareness  Decorate  Fundraising  Photography  We Honor Veterans

Assist with our TLC (Teens Learning Compassion) Program providing transportation and mentoring to Teen Volunteers

Other: \_\_\_\_\_

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**Emergency Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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**References: 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: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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**Volunteer Agreement:** 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, and background checks at any time to meet our regulatory requirements. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Hospice of Lake Cumberland. As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I like them, assume certain responsibilities and expect to account for what I do in terms of what if expected of me. I understand that any information that is disclosed to me while assisting Hospice of Lake Cumberland is confidential. I interpret "volunteer" to mean that I have agreed to work without compensation in money but having been accepted as a volunteer worker, I expected to do my work according to standards set forth in the Volunteer Policies Handbook. I hereby certify that statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application, I authorize inquires to be made concerning my employment and character for the purposes of determining my suitability as a volunteer. I affirm I have read the Code of Ethics for Volunteers and agree to abide by its regulations.

**Photo Release:** I understand that volunteers may be photographed, filmed, and/or videoed by staff, volunteers, or designated individuals for Hospice of Lake Cumberland. Photographs/film/video may be used for the purpose of publicity and/or advertising about the Hospice concept and Hospice care for a variety of media purposes, including, but not limited to, television, website, social media, newsletters, etc. Volunteer's names may or may not be disclosed.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_