



POLICY NAME: Volunteer Application	EFFECTIVE DATE: LAST REVISION: 01/2024
DEPARTMENT: Hospice	POLICY NUMBER: III-11

VOLUNTEER APPLICATION FORM

Name _____ Birth date _____

Address _____ Home Phone _____

City/State/Zip _____ Work Phone _____

Occupation _____ Employer _____

Marital Status Married/Single/ Widowed/ Divorced (Circle One)

Sex Female Male (Circle One)

Person to notify in case of an emergency _____

Relationship _____ Phone _____

Volunteer Experience	Dates	Description of work
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have auto insurance? _____

What has been your experience with death and dying? _____

Have you experienced a loss of a close family member within the last 6 months? _____

Personal Background

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain _____

Have you ever been convicted of a felony, listed on the Kansas Statewide Registry of Confirmed Perpetrators of Adult Abuse, Neglect, Exploitation or Fiduciary Abuse, or listed on any other registry of perpetrators? Yes _____ No _____ If yes, please explain: _____

Please check the **types of service** you would be willing and able to provide:

- | | |
|--|--|
| <input type="checkbox"/> Companion (sitting with a patient) | <input type="checkbox"/> Pickups & deliveries (supplies/medications) |
| <input type="checkbox"/> Errands (for patient or office staff) | <input type="checkbox"/> Homemaking (cooking, laundry, cleaning) |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Office (clerical, filing, fund raising etc.) |
| <input type="checkbox"/> Phone Contacts | <input type="checkbox"/> Special Skills (musician, hair stylist, etc.) |
| <input type="checkbox"/> Other _____ | |

Signature _____ Date _____