

**HOSPICE VOLUNTEER
APPLICATION**



WE THANK YOU FOR YOUR APPLICATION!

HOME HEALTH UNITED
Hospice –Volunteer Program
1111 8th Street, Baraboo, WI 53913
Phone: 608-356-2206 OR 1-877-287-5925
Fax: 608-356-0862
www.homehealthunited.org

HOSPICE VOLUNTEER APPLICATION (Page 2)
 Please complete all Sections- Do Not indicate "See Resume"

NAME:			CONTACT INFORMATION:
(LAST NAME)	(FIRST NAME)	(M.I)	Home Phone: ()
			Cell Phone: ()
			Work Phone (only include if ok to call): ()
			E-mail Address:

ADDRESS			
(STREET)	(CITY)	(STATE)	(ZIP)

AVAILABLE TO WORK (CHECK ALL APPLICABLE)

TIMES AVAILABLE:	AVAILABILITY (Check all that apply):	
<input type="checkbox"/> Days	<input type="checkbox"/> Year Round	<input type="checkbox"/> Fall
<input type="checkbox"/> Evenings	<input type="checkbox"/> Spring	<input type="checkbox"/> Winter
<input type="checkbox"/> Weekends	<input type="checkbox"/> Summer	Date available to begin:

LOCATIONS YOU ARE WILLING TO WORK IN (CIRCLE ALL THAT APPLY):	HOW DID YOU LEARN OF HOME HEALTH UNITED'S HOSPICE PROGRAM?
<input type="checkbox"/> Baraboo <input type="checkbox"/> Madison <input type="checkbox"/> Reedsburg <input type="checkbox"/> Janesville <input type="checkbox"/> Sauk /Prairie Du Sac <input type="checkbox"/> Johnson Creek <input type="checkbox"/> Portage <input type="checkbox"/> Platteville <input type="checkbox"/> Other (Specify):	FRIEND/PATIENT _____ NEWSPAPER/RADIO _____ SPECIAL EVENT _____ HHU EMPLOYEE _____ HHU WEBSITE _____ OTHER _____

WHY DO YOU WISH TO BE A HOSPICE VOLUNTEER?

HAVE YOU SERVED AS A HOSPICE VOLUNTEER FOR HOME HEALTH UNITED BEFORE?

Yes From _____ to _____ No

CHECK ANY OR ALL ACTIVITIES YOU ARE WILLING AND ABLE TO DO AS A VOLUNTEER:

<u>Patient Care Related:</u>		<u>Hospice Supportive Care:</u>
<input type="checkbox"/> Reading to patients	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Telephoning
<input type="checkbox"/> Running errands	<input type="checkbox"/> Light cleaning	<input type="checkbox"/> Typing
<input type="checkbox"/> Babysitting	<input type="checkbox"/> Preparing light meals	<input type="checkbox"/> Filing
<input type="checkbox"/> Laundry	<input type="checkbox"/> Sitting during family absence	<input type="checkbox"/> Agency Information Packets
<input type="checkbox"/> Sewing / Patchwork	<input type="checkbox"/> Shopping	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Bereavement Visits		<input type="checkbox"/> Speaking Engagements
		<input type="checkbox"/> Bereavement Calls
		<input type="checkbox"/> Mailings



ARE YOU WILLING TO SIT OR CARE FOR A CHILD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ARE YOU WILLING TO SIT OR CARE FOR AN ADULT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
DO YOU HAVE A PATIENT PREFERENCE?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Either
HOW MANY MILES ARE YOU WILLING TO TRAVEL ROUND TRIP?			

SKILLS

PLEASE INDICATE EXPERIENCE OR PROFICIENCY YOU HAVE IN THE FOLLOWING AREAS:

<input type="checkbox"/> Word Processing <input type="checkbox"/> Data Entry <input type="checkbox"/> Typing	<input type="checkbox"/> Photocopying <input type="checkbox"/> Faxing <input type="checkbox"/> Scanning	Software Applications: <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Outlook
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LIST ADDITIONAL SKILLS OR TRAINING:

EDUCATION

	NAME AND LOCATION OF SCHOOL	DATES FROM TO	AREAS STUDIED	DID YOU GRADUATE? YES NO	DEGREE RECEIVED	DATE RECEIVED DEGREE
HIGH SCHOOL/GED		____/____/____ <small>MO YR MO YR</small>				
BUSINESS, TRADE VOCATIONAL SCHOOL		____/____/____ <small>MO YR MO YR</small>				
COLLEGE		____/____/____ <small>MO YR MO YR</small>				
GRADUATE SCHOOL		____/____/____ <small>MO YR MO YR</small>				

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A FELONY, MISDEMEANOR, OR OTHER CRIME? (NOT INCLUDING MINOR TRAFFIC VIOLATIONS)

Yes No

If **YES**, please indicate on a separate piece of paper the circumstances surrounding the conviction(s) and the date(s) and law enforcement agencies involved along with your name and attach the paper to the back of this application. Note: A conviction record does not necessarily disqualify you from consideration rather the information will be evaluated as it relates to the volunteer role(s) you are applying for.

REFERENCE AND BACKGROUND CHECKS

Home health agencies are required by law to perform caregiver background checks. Home Health United performs caregiver background checks, civil & criminal history checks, and reference checks. Individuals applying for volunteer roles requiring the use of an auto must possess a valid driver's license, proof of auto insurance and have a good driver's record.

LIST BELOW VOLUNTEER ASSIGNMENTS YOU HAVE PERFORMED:

Organization Name:	Volunteer Assignment:	Duties You Performed:
Address:	From: To:	
City, State, Zip Code	Telephone:	
Organization Name:	Volunteer Assignment:	Duties You Performed:
Address:	From: To:	
City, State, Zip Code	Telephone:	

PAID EMPLOYMENT HISTORY:

List your last 2 places of paid employment beginning with your current or most recent employer. Do not omit any recent employer no matter how brief the employment. It is not sufficient to put "see resume".

Company Name:	Job Title:	Job Duties:	
Address:	From: To:		
City, State, Zip Code	Final Salary:	Reason for Leaving:	
Supervisor:	Telephone:		
Company Name:	Job Title:	Job Duties:	
Address:	From: To:		
City, State, Zip Code	Final Salary:	Reason for Leaving:	
Supervisor:	Telephone:		

PLEASE PROVIDE THE NAMES OF 2 REFERENCES WE MAY CONTACT:

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
		()	
		()	

I certify that all information in this volunteer application and other document accompanying it, is accurate and complete. I understand that misrepresentation or material omission of information is grounds for my removal from consideration or dismissal from the volunteer position. I authorize Home Health United to verify or otherwise investigate, without liability, all statements contained in this application or otherwise submitted by me and hereby release any person, corporation or other organization from any and all liability providing such information. I understand that this application is not, nor is it intended to be, a contract of employment.

Printed Name

Signature

Date