

STEIN HOSPICE

354 Demott Lane Somerset NJ 08873 · (732) 227-1212 Fax:(732) 227-1722

VOLUNTEER APPLICATION

Name of Applicant _____ Birth Month (for birthday card list only) _____

Address _____

City _____ Zip _____

Phone: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Email _____

Employer/School _____ Occupation/Graduating Year _____

Can receive calls during day? Yes ___ No ___ Best time to reach you: _____

Person to notify in case of emergency: Name/Phone _____

Education or Applicable Training: _____

Volunteer Experience (please give year): _____

Have you ever been arrested for a crime? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___

Two References (excluding family members). Give day phone numbers.

Name _____ Phone (_____) _____

Address _____ City _____ State ___ Zip _____

Name _____ Phone (_____) _____

Address _____ City _____ State ___ Zip _____

IDENTIFIED AREAS OF INTEREST:

Patient/Family Care: In Facility _____ In Private Home _____ Companionship _____

Alternative Therapy _____ Family Bereavement Support _____

Respite _____ Errands _____ Chicken Soup Project _____

Lawn/Garden _____ Transitional/Vigil Support _____

Office Work: Phones _____ Computer work _____ Community outreach _____

Fundraising _____ Collating/copying _____ Various projects _____

STEIN HOSPICE – VOLUNTEER APPLICATION (cont.)

Have you experienced the death of a close relative or friend in the past year? _____

If yes, we ask you to wait until a full year has passed before you consider volunteering.

If no, have you ever been with someone at the time of their death? Yes_____ No_____

If yes, please describe briefly:_____

Have you ever provided care to anyone who was extremely ill or dying? Yes_____ No_____

If yes, please describe briefly:_____

How did you hear about our Hospice volunteer program? _____

Why do you want to be a hospice volunteer? _____

What qualities (skills, talents, knowledge and experiences) do you feel you can incorporate into your hospice volunteer work? (e.g. Foreign languages, musical abilities, alternative therapy, etc.)

Declaration

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. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with the Hospice. I interpret "volunteer" to mean that I have agreed to work without compensation in money. Once accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

Applicant's Signature

Date

Stein Hospice does not discriminate against any person on the basis of race, creed, color, national origin, disability, age, sexual orientation, or gender.