

WHATCOM HOSPICE INDIRECT CARE VOLUNTEER APPLICATION

Please complete entire form with as much detail as possible. Use additional paper if necessary.

Name: _____ Nickname: _____

Address: _____

City

State

Zip

E-Mail _____

Phone: Home _____ Cell _____ Work _____

What areas of Hospice are you interested in volunteering? Please check any/all

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Sew / Knit / Crochet |
| <input type="checkbox"/> Sing | <input type="checkbox"/> Gardner/Landscape Support |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Home Maintenance |

When could you be available to volunteer for Hospice? Please check any on the grid below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

- How did you hear about the Hospice Volunteer Program?

- Why do you want to be a Hospice Volunteer?

- Are you 18 years of age or older?

- List special skills, activities, interests, or hobbies you could share with the Hospice program (Professional skills, Notary, Foreign Languages, Music, Creative Arts, etc.):

- Education: Highest grade completed? _____ Degrees/Training/Licenses _____

<p>Are you currently a student? Do you plan to return to school within the next year? Field of Study: School:</p>	<p>Are you currently employed? Full-Time ___ Part-Time ___ Occupation:</p>	<p>Are you Retired?</p>
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- What kinds of jobs have you held in the past?

- Do you have any physical limitations that we should be aware of in assigning you as a volunteer? Please explain:

- In what areas of Whatcom County would you prefer to volunteer (Bellingham, North, West, East, South)?
- Are you willing to travel to other areas of the county? Y N Please specify:
- Do you have reliable transportation? Car? _____ Bus? _____ Other? _____
- Can you participate in the 3-hour training program?
- Can you commit to at least one year (following training) to the program?

PERMISSION FOR RELEASE OF INFORMATION—VOLUNTEER REFERENCE CHECK

YOU MUST LIST THREE REFERENCES & PROVIDE COMPLETE MAILING ADDRESSES OR EMAIL.

References will be contacted. No family. Professionals or friends only who can attest to your reliability.

1. Name _____ Relationship _____
 Address _____
 E-Mail _____ Phone _____
2. Name _____ Relationship _____
 Address _____
 E-Mail _____ Phone _____
3. Name _____ Relationship _____
 Address _____
 E-Mail _____ Phone _____

I DO HEREBY GRANT PERMISSION FOR THE ABOVE NAMED INDIVIDUALS AND/OR AGENCIES TO RELEASE INFORMATION TO WHATCOM HOSPICE CONCERNING MY CHARACTER, EMPLOYMENT, PERFORMANCE, SKILLS, COMPETENCE, AND/OR GENERAL ABILITY.

IT IS UNDERSTOOD THAT THIS PERMISSION INCLUDES CUMULATIVE AND CONFIDENTIAL INFORMATION, WHICH WOULD ASSIST WHATCOM HOSPICE IN FILLING VOLUNTEER POSITIONS.

Agreement of Confidentiality: I understand that any information I may obtain directly or indirectly concerning patients, doctors or personnel while I am a volunteer at Whatcom Hospice is confidential and that this confidentiality is protected by Federal Law.

SIGNATURE _____ Date _____

Please return to: Dianne Gillespie, Volunteer Coordinator - E-Mail: dgillespie@peacehealth.org
 Whatcom Hospice, 2800 Douglas Ave., Bellingham, WA 98225 Fax: 788-6884