

Volunteer Application

Hospice Volunteer



Merrimack
Valley Hospice

Name _____
Street Address _____
City, State, Zip Code _____
Home Telephone _____ Work Telephone _____
Email _____ Place of Employment _____

1. How did you hear about Home Health VNA volunteer program (Circle all that apply)
Friend Newspaper Brochure Flyer Television Internet Other _____
2. If employed, does your employer operate a corporate volunteer program? Y/N
3. Is there any department or position that most interests you? Y/N
If yes please indicate in the space provided: _____
4. How many hours can you volunteer per week? _____
5. Please circle days you are available: M T W TH F
6. Time(s) available, if flexible please note _____
7. Are you available for on call or one time only projects as needed? Y/N
8. What in particular attracted you to Home Health VNA? _____

9. What skills, training, knowledge or past experience do you want to utilize at Home Health VNA? _____

10. What training resources or support do you anticipate needing to do this Volunteer work? _____

11. Do you need any special accommodations? Y/N
If yes please note in the space provided: _____
12. Do you have a friend, family member or co-worker who you think would like to volunteer? If so please fill out the information below so that we may to send him/her a separate application
Potential Volunteer's Name _____
Street Address _____
City, State, & Zip Code _____ Home Telephone _____
13. Have you been employed at Home Health VNA? Y/N
Department _____ Date of Resignation _____
14. Names of relatives, if any, employed at Home Health VNA (Include relationship and department)

15. Are you 18 years or older? Y/N (If under 18, a parent permission is required for a physical exam).

16. Please, provide a name and telephone number of a person we can contact in an emergency situation.
 Name _____ Telephone _____ Relationship to you _____
17. Have you been convicted of a felony? Y/N
18. Have you completed a period of incarceration within the past five years for any misdemeanor (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? Y/N Record
19. If the answer to the above question is "yes," please state whether you were convicted more than five years ago for any offense (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? Y/N Record

A criminal conviction will not necessarily bar you from volunteering. To help us to evaluate your application, please describe your criminal conviction(s), listing the nature of your offense and your rehabilitation since the convictions(s).

An applicant to Volunteer with a sealed record on file with the commissioner of probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant to volunteer may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

APPLICATION CERTIFICATION

I certify that the answers given herein and any other material provided to me is true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for volunteer work and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize this Company or its agent to investigate and/or verify all information in this application, including contacting all persons and/or entities named herein.

I have read and understand the job description for the volunteer position I am applying and I verify I can perform the essential functions of the job.

Signature _____ Today's Date _____

Received: _____ Interview Date _____ CORI _____ HR _____ Orientation _____