



PROVIDENCE HOSPICE VOLUNTEER APPLICATION

For Office Use

Date: _____

PERSONAL INFORMATION

Legal Name: _____
Last First MI

Personal Pronouns: _____ Preferred Name/Nickname _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Birth Month: _____

Where did you hear about us? _____

How did you become interested in volunteering for hospice? _____

Has someone close to you died within the past year? ____ Yes ____ No

If yes, please briefly explain _____

VOLUNTEER EXPERIENCE Please list your volunteer experience(s), along with the organization, and a brief description of the work you completed.

Have you volunteered within the Providence system before? ____ Yes ____ No

If yes, please explain: _____

SKILLS & INTERESTS If you wish to provide more information, please use the space below to describe any special training, interests, hobbies or experiences you feel could be valuable to your volunteer work with hospice (such as office skills, arts & crafts, speaking, music, education, community or civic activities, etc.).

What languages do you speak?

_____ Write _____ Read _____

VOLUNTEER PREFERENCES Please review the "Scope of Providence Hospice Volunteer Services" form for details of the various positions available and check the areas that interest you.

- Respite/Visitation Animal Assisted Activities Bereavement Vigil Grief Support
- In This Together (Children's Grief Group) Program Support Pet Peace of Mind Massage Therapy

Please select Day(s) and Time(s) you are available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Mornings							
Afternoons							
Evenings							

Are you currently employed? Yes _____ No _____ If Yes, who is your employer? _____

What is your occupation? _____ Full Time _____ Part Time _____

Professional licensure, registration or certification? _____

Do you have a valid driver's license? Yes _____ No _____ DL# _____ State _____

Have you ever been convicted of a criminal offense other than a minor traffic violation on or after your 18th birthday? Yes _____ No _____ Please Explain _____

Conviction will not necessarily disqualify an applicant from volunteering. The applicant's age at the time of the offense, the seriousness of the offense and subsequent rehabilitation will be taken into account.

Two Non-Family Reference Names With Mailing Addresses:

1. Name (First, Last) _____ Phone# _____
Address _____ Email _____

2. Name (First, Last) _____ Phone# _____
Address _____ Email _____

COMMENTS _____

PLEASE READ CAREFULLY THE FOLLOWING POINTS BEFORE SIGNING AND SUBMITTING YOUR APPLICATION

- I am willing to attend volunteer training classes and orientation.
- I hereby certify that the information set forth in this Application for Providence Hospice Volunteer Service is true and complete to the best of my knowledge. I authorize Providence Health & Services to verify any and all of the statements that I have made and I understand this may include checking public records to determine if I have any criminal convictions. (Background checks will be repeated by Providence Health & Services throughout my service according to state law.)
- I also authorize all persons and institutions referred to in this application to provide Providence Health & Services with any information that it requests in connection with this application. I hereby release all of these persons and institutions and Providence Health & Services from any and all claims, liabilities, and damages for whatever reason arising from the verification process.
- I understand that further steps in the application process and ongoing hospice volunteer service may include checking of references, passing a drug screening and satisfactorily completing a health evaluation.
- I also understand that if I enter in to hospice volunteer service, I agree to conform to the standards of conduct and performance and the personnel policies of Providence Hospice. False statements on this application or omissions of material information may result in my being dismissed from hospice volunteer service.
- Providence Home & Community Care is committed to a policy of antidiscrimination. We do not exclude people or treat them differently because of race, color, national origin, religion, age, disability, sex, sexual orientation, gender identity and expression, or based on any other classification protected under applicable local, state or federal laws. We acknowledge and appreciate the rich diversity within the communities we serve, and that diversity is reflected and celebrated as part of our culture. We are committed to a work environment in which all individuals are treated with compassion, dignity, justice, excellence and integrity. All our caregivers are qualified to provide excellent care to you and your loved ones. We will not tolerate discrimination or accommodate discriminatory requests against caregivers of Providence, whether they be employees, independent contractors, or volunteers.

We are steadfast in this commitment and our values. If a patient cannot respect this commitment please let us know so we can assist with discharge or transfer to another provider.

NAME (printed) _____

SIGNATURE _____ **DATE** _____

Your responses in this application are important in planning your volunteer service opportunities with Providence Hospice. If you have questions concerning hospice volunteering or this application, please call 503-215-2273 and ask to speak with a Providence Hospice Volunteer Coordinator.

Please return your completed application to the appropriate Volunteer Coordinator:

**Providence Hospice Metro, PO Box 13679, Portland, OR 97213-9814
Providence Hospice of the Gorge, 1630 Woods Court, Hood River, OR 97031**

THANK YOU FOR YOUR INTEREST IN PROVIDENCE HOSPICE VOLUNTEERING

Providence Health & Services is an equal opportunity organization in the provision of health care services, employment and volunteer opportunities. Applicants are considered in accordance with applicable laws prohibiting discrimination on the basis of race, religion, color, sex, age, national origins, sexual orientation, disability, marital status and/or status.