

# Volunteer Application

contact informaton

Name \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_ At least 18 years of age? **Y N**

Have you been fully vaccinated for the COVID-19 virus? **Y N**

*As a healthcare organization, we are required to have a staff and volunteer base of 100% fully vaccinated team members. If you are not fully vaccinated, we cannot have you as an active volunteer at this time.*

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Have you lived in NC for less than 5 years? **Y N**

*If yes, we'll ask you to complete a fingerprinting check as a part of your background screening.*

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ *OK to call at work?* **Y N**

E-mail address \_\_\_\_\_

*In case of emergency, please notify:*

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

employment history

**Current Employer**

Name \_\_\_\_\_

Job title \_\_\_\_\_ Hire date \_\_\_\_\_

**Former Employer**

Name \_\_\_\_\_

Job title \_\_\_\_\_ Employment dates \_\_\_\_\_

volunteer history

**Agency or facility name** \_\_\_\_\_

Title \_\_\_\_\_ Dates \_\_\_\_\_

**Agency or facility name** \_\_\_\_\_

Title \_\_\_\_\_ Dates \_\_\_\_\_

**Agency or facility name** \_\_\_\_\_

Title \_\_\_\_\_ Dates \_\_\_\_\_

volunteer interests & availability

Why do you want to become a volunteer with our Agency? \_\_\_\_\_  
\_\_\_\_\_

In the last year, has an important person in your life died? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who? \_\_\_\_\_

Please indicate which branch you prefer to volunteer:  
\_\_\_\_\_ Asheboro \_\_\_\_\_ High Point \_\_\_\_\_ No preference

Please indicate the area of volunteering which interests you most:  
\_\_\_\_\_ Patient/Family Involvement \_\_\_\_\_ Bereavement \_\_\_\_\_ Nursing Home  
\_\_\_\_\_ Transportation/Errand \_\_\_\_\_ Special Events/Fundraising \_\_\_\_\_ Office  
\_\_\_\_\_ Tuck-in Calls \_\_\_\_\_ Community Events/Marketing \_\_\_\_\_ Vigil  
\_\_\_\_\_ Hospice Home at High Point \_\_\_\_\_ Randolph Hospice House

Please indicate the times of the day/week that you expect to be most available to volunteer:  
\_\_\_\_\_ Weekdays/daytime hours \_\_\_\_\_ Weekdays/evening hours \_\_\_\_\_ Weekends

How did you hear about our volunteer opportunities? \_\_\_\_\_

Are you interested in volunteering your professional services? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which field? \_\_\_\_\_

Have you ever applied for a job with or been employed by this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

references

*In order to assist us in arriving at a decision about your volunteer placement, Hospice of the Piedmont, Inc. requires three references. Please give complete addresses, including city, state and zip code. All references received will be held in confidence and are not accessible to the volunteer.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

background check

Have you ever been convicted of a criminal offense, (felony or misdemeanor), and/or do you have any criminal charges pending? (Circle one) Yes No

This question must be answered in order to be considered for acceptance as a volunteer, but a yes answer does not automatically disqualify a volunteer applicant from service to the agency. Any information related to this issue will be addressed on a case-by-case basis, and will remain confidential.

Please briefly explain. \_\_\_\_\_

signature & agreement

Hospice of the Piedmont, Inc. accepts volunteers without discrimination on the ground of sex, race, color, national origin or creed. No otherwise qualified individual shall solely by reason of his/her handicap, be excluded from participation as a volunteer.

**Agreement:** I certify that answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal employment, medical history, police record, and other related matters as may be necessary in arriving at a decision about volunteer placement. I hereby release employers, schools and other persons from all liability in responding to inquiries in connection with my application.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

 <b>HOSPICE</b> <i>of the</i> <b>PIEDMONT</b> 1801 Westchester Drive High Point, NC 27262 Phone: 336.889.8446 <a href="http://www.hospiceofthepiedmont.org">www.hospiceofthepiedmont.org</a>	 <b>HOSPICE</b> <i>of</i> <b>RANDOLPH</b> 416 Vision Drive Asheboro, NC 27203 Phone: 336.672.9300 <a href="http://www.hospiceofrandolph.org">www.hospiceofrandolph.org</a>
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**Office use only**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Other actions taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_