

VNA Hospice Volunteer Application

Name _____ Date of Birth (Mo/Day) _____

Street Address _____

City, State, Zip _____ Phone No. (____) _____

Occupation _____ Employer _____

Email Address _____

Full Time Part Time Work No. (____) Do Not Call Work No.

Have you ever filed an application with us before? Yes No

Have you ever been a volunteer or employed with us before?
If so, give dates. _____

Do any of your friends or relatives work or volunteer here?
If so, who? _____

Are you over 18 years old?

Have you been a resident of the Commonwealth of PA for the entire two years (without interruption) immediately preceding the date of application for Hospice Volunteer?

Have you ever been convicted of a felony within the past five years?

If yes, please give offense(s) for which convicted, date of conviction and jurisdiction.
(Prior conviction will not automatically bar an applicant from volunteering.)

Please list the names, addresses, and phone numbers of two personal references (no relatives):

1. _____
2. _____

Please state briefly why you are interested in becoming a VNA Hospice volunteer.

Have you had any personal losses or experiences with death and dying? Please describe briefly indicating the year(s) of each experience.

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I would be willing to perform the following services: (please check)

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Bereavement Follow-up | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Memorial Service | <input type="checkbox"/> Hairstylist |
| <input type="checkbox"/> Pet Therapy | <input type="checkbox"/> Veteran to Veteran | <input type="checkbox"/> Other: _____ |

Preferred times available for volunteering: (please circle the days available)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times available (please check) Daytime Evening

I understand that becoming a VNA HOSPICE volunteer is contingent upon completion of the training program, personal follow-up interview and demonstration by me of the qualifications for volunteers as stated on the VNA HOSPICE Volunteer Position Description.

Signature

Date

Please return to: VNA Hospice of Hanover & Spring Grove
Attn: Volunteer Coordinator
440 North Madison Street
Hanover, PA 17331

717-637-1227
800-422-3197