



Hospice of Humboldt

3327 Timber Fall Court
Eureka, CA 95503-4894
Phone (707) 445-8443
Fax (707) 445-2209

Volunteer Application

Hospice of Humboldt is a drug free workplace

Hospice of Humboldt accepts volunteers on the basis of merit. Race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, or sexual orientation are not factors in accepting volunteers.

Please Print:

Name (First, MI, Last) _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

I am interested in becoming (*you may check more than one box*):

- Office / Clerical volunteer
- Patient Care volunteer (also fill out Part A)
- Hospice Shop volunteer
- Grief Support volunteer (also fill out Part B)
- Landscape volunteer
- Auxiliary/Event volunteer

Have you volunteered for Hospice of Humboldt before? Yes No

If yes, when and what type of volunteering? _____

EDUCATION

School / Institution	City / State	Degree or Field of Study

CREDENTIALS

License / Certificates	Date Received	Expiration Date

EMPLOYMENT HISTORY

Please list current, or most recent, job first:

From / To	Employer Name / Location	Position or Job Duties	Reason for Leaving

VOLUNTEER EXPERIENCE

List any volunteer experience you feel may be pertinent:

From / To	Agency Name / Location	Volunteer Duties	Reason for Leaving

Do you have talents, skills or interests that would be useful as a Hospice volunteer, including fluency in other languages and computer skills?

Please indicate the times and days you are available to volunteer:

Mondays _____ Tuesdays _____ Wednesdays _____

Thursdays _____ Fridays _____ Saturdays _____

Sundays _____

Do you have your own transportation? YES NO

Emergency contact:

Name

Relationship

Phone Number

Required Background Checks and Documents for Volunteers

Background checks will be performed on all volunteers who have direct contact with patients, families, or clients, and who handle money. The level of background check depends on the volunteer position. Background checks may include the following:

Age Verification – All volunteers

If you are under 18 years of age, hire is subject to verification of minimum legal age.

Are you at least 18 years old? No Yes

References – All volunteers

We will call references for all volunteer applicants. Please list two persons not related to you who have knowledge of your work or volunteer performance:

Name	Phone Number	Relationship

Fingerprints – Grief Support and Patient Care volunteers only

Per state and federal regulation, all volunteers who have direct patient, family or client contact, or who handle money, will be fingerprinted pre-employment. This check will reveal state and federal felony convictions. A conviction does not necessarily disqualify you from volunteering at Hospice of Humboldt, depending on the date of the conviction and the crime committed.

DMV Driver Record – Patient Care volunteers only

As a condition of becoming a Patient Care volunteer, you will be required to submit a current DMV Driver Record of your driving history. It can be obtained at the DMV office for a fee of \$5.00 or online at www.dmv.ca.gov for a fee of \$2.00. Disqualifications from volunteering include:

In the last three (3) years:

- More than two moving violations
- More than one at-fault accident
- Using false or fictitious registration, plates or drivers' license
- Leaving the scene of an accident
- Driving on a suspended drivers' license

In the last five (5) years:

- Driving under the influence
- Reckless driving resulting in bodily injury or death
- Murder, assault or negligent homicide with a motor vehicle
- Theft of a motor vehicle or related incidents

Driver’s License and Car Insurance – Patient Care volunteers only

Volunteers who are required to drive as a part of their job duties must have a valid Driver’s License, reliable transportation and proof of automobile insurance coverage that meets the minimum State of California requirements.

Drug Screening – Patient Care volunteers only

Hospice of Humboldt is a Drug Free Workplace. Patient Care volunteers must agree to pre-employment drug and alcohol screening. Passing a drug and alcohol screening test is a condition of volunteering to work with Hospice patients and clients.

Please read carefully and sign below:

I authorize my previous employers, schools or persons named as references to give any information regarding my employment or education record. I agree that Hospice of Humboldt and my previous employers shall not be held liable in any respect if I am not accepted as a volunteer or if I am terminated as a volunteer because of falsity of statements, answers or omissions made by me on this application.

By my signature below, I certify that all statements made by me on this volunteer application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby acknowledge that I have read the above statements and understand them.

Signature

Date

Part A – Patient Care Volunteer Supplemental Application

How would you describe hospice (i.e., services, mission)?

Why are you drawn to hospice volunteering?

What are your three best qualities?

Do you have experience with the terminally ill? If yes, please describe:

Has someone close to you died in the past year? If yes, describe:

Have you experienced the death of a loved one? If yes, describe:

Have you or your loved ones been served by hospice? If yes, describe:

Is there anything else you would like us to know about you?

Which cities are you willing to travel to?

Part B – Grief Support Services Volunteer Supplemental Application

Why are you interested in volunteering with hospice?

Please describe three qualities about yourself that would be beneficial to your volunteer experience:

Have you ever participated in a support group? No Yes

If yes, what type? _____

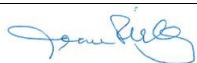
Have you ever facilitated a group? No Yes

If yes, what type? _____

Do you have experience with grieving people? If yes, please describe:

Has a family member or someone close to you died *in the past year*? If yes, please describe:

Have you ever experienced the death of a loved one? If yes, please describe:

Volunteer Application	Created by:	Date Created:
Responsible Director: Director of Social Services	E signature of Director: 	Last Review/Revision: 10/26/18