



**HOSPICE  
OF  
HUMBOLDT**

## Volunteer Application

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

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Office / Clerical volunteer | <input type="checkbox"/> Patient Care volunteer (also fill out Part A)  |
| <input type="checkbox"/> Hospice Shop volunteer      | <input type="checkbox"/> Grief Support volunteer (also fill out Part B) |
| <input type="checkbox"/> Landscape volunteer         | <input type="checkbox"/> Auxiliary/Event volunteer                      |
| <input type="checkbox"/> Other _____                 |   |

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 Screening and Documents for Volunteers

Screening will be performed on all volunteers who have direct contact with patients, families, or clients, and who handle money. The level of screening depends on the volunteer position and 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 may 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

### Background Check - 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, are subject to a background check prior to volunteering. 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.

### Motor Vehicle Report Driver History - Patient Care volunteers only

As a condition of becoming a Patient Care volunteer, a Motor Vehicle Report of your driving history will be obtained. 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 volunteer 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 drug and alcohol screening prior to volunteering. 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, education record, and volunteer experience. I agree that Hospice of Humboldt 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.

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Signature

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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:

Has someone close to you 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?

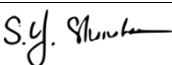
Have you ever facilitated a group? ☐ No ☐ Yes

If yes, what type?

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

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

Has someone close to you been served by hospice? If yes, describe:

Volunteer Application	Created by:	Date Created:
Responsible Director: Director of Human Resources	E signature of Director: 	Last Review/Revision: 7/11/25



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## Staff/Volunteer Release Form

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### Authorization for Release of Photograph, Voice, Use of Likeness or Printed Quotes or Statements

I release to Hospice of Humboldt the rights of my photograph, voice recorded on video or audiotape or film and any oral or written statement(s) regardless of format (whether they are direct quotes or paraphrased by Hospice of Humboldt) for the purpose of promotion videos, publications, and marketing material including internet publications.

I release, on behalf of myself, my heirs and assigns, any and all claims against Hospice of Humboldt, its officers and agents arising out of the usage of my photo, likeness, voice or oral or written statements regardless of format.

I acknowledge that this release is legally binding and understand that this is my final notice regarding this matter and that Hospice of Humboldt, its officers, agents and/or affiliates may proceed in reliance thereon. The undersigned in this release desires to assist in the work of Hospice of Humboldt, its officers and agents by making their image, likeness or voice or oral or written statement(s) available for program marketing publications related to Hospice of Humboldt.

By signing below, I acknowledge (1) I am a person of legal age and the person identified below who is authorized to execute this release, (2) If a minor, the signature of my parent or legal guardian appears below. (3) I have read this release in its entirety, (4) I fully understand and accept its terms and (5) I have executed this release voluntarily.

Please print and sign individual's name appearing in photograph(s) and or furnishing oral or written statement(s):

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Printed Name

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Signature

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Date