



Visiting Nurse

Volunteer Application

Visiting Nurse and Hospice Home is an equal opportunity organization. Applicants to volunteer are considered for participation without regard to race, color, national origin, religion, sex, age, sexual orientation, disability, citizenship status, or any other basis prohibited by law. VNHH will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities. VNHH is committed to selecting volunteers based on their character, ethics, interest and ability to participate in our programs. It is imperative that the character and reputation of our volunteers be above reproach. For this reason, it is necessary that VNHH verify information about each applicant's background. This is for the protection of our employees, volunteers, and program participants.

Please print and answer all questions

CONTACT INFORMATION

Name: _____ Birth Date: _____

Phone: (home): _____ (work): _____ (cell): _____

Home Address: _____

City, State, Zip: _____

Email Address: _____

Employer/School: _____ Occupation: _____

Does your employer have a matching funds program tied to volunteering? Yes No Unsure

Contact in case of emergency: _____ Relationship: _____

Emergency Contact Phone: _____

PLACEMENT

Do you have a valid driver's license, current auto insurance and a car for use as a volunteer? Yes No

Upcoming days/times/weeks not good for volunteer training: _____

Times/Days you are unavailable for volunteer work: _____

Which focus area(s) do you prefer for your volunteer time? (circle)

Companion to hospice patients Service to Hospice Home Administrative support

Garden Volunteer Bereavement support Watchful Passage

Over→

Skills & talents you can give (circle): singing, reading, musical instrument, woodworking, veteran, floral arranging, deliveries, painting, sewing, human resources, computer, pet care, life review

Other: _____

EDUCATION

Education Completed: _____ Languages Spoken: _____

BACKGROUND

What is your previous volunteer experience? _____

REFERENCES

Please list 3 people who know you well (not family) who can attest to your character. Please include name, street address, city, zip code, phone number, and association.

- 1. _____
- 2. _____
- 3. _____

Have you ever been convicted of a felony in the last 7 years? Yes No

If yes, please state when, where and final outcome: _____

As part of our volunteer hiring process, we will run a Criminal History by the state of Indiana.

Volunteer Confidentiality Policy

I shall hold in confidence all written and spoken patient information. I will not violate the confidential relationship between VNHH staff, volunteers, patients, and families and I will not remove any written records from the office without expressed permission.

I accept full responsibility for maintaining the confidential and private nature of all VNHH patient information. I understand that I am personally responsible and liable for any violation of this statement.

Signature

Date

Witness

Date