



Volunteer Application

Personal Information

Name (Please give complete name)		Date of Birth ____/____/____
Address: (City, State, Zip)		
Home phone:	Business phone:	Cell phone:
Presently employed as:		E-mail:
Is there anything in your medical history that should be considered in utilizing you as a volunteer?		

Relevant Experience:

Volunteer experience:
Special talents/skills:
Relevant education, training, licenses or certifications:

Experience with Grief

When working with dying and grieving people, we often find that our own experience in facing loss provides some of our strongest learning. Please list persons close to you who have died, the cause of death, and their relationship to you.
What things were helpful to you during this time?
Were there some things that people said or did that were not helpful?
Is there any group of people or disease you feel especially suited to work with?
What do you hope to gain by working with Hospice of Spokane?

Medicare Requirements

Medicare requires all volunteers to have an initial TB test. If you are over 35 you will need to be tested twice. The tests are given free in our training classes. Do you object to this? Yes No

Medicare requires a crime check on all volunteers. Do you object to this? Yes No

Matching Volunteer Skills/Interests with Client Needs

Our goal at Hospice of Spokane is to employ volunteers in a way that is fulfilling to them and best meets the needs of our clients. Here are some of the ways your talents and interests may be utilized at hospice. Please feel free to add other ways you envision yourself volunteering.

Check those areas of service that you would be willing to do as a Hospice Volunteer

A. Direct Client Services

Carpentry	Gardening/lawn Care	Cooking	Correspondence
Cutting wood	Emotional support	Child care	Pet activity
Light housework	Moving furniture	Reading	Photography
Foreign language	Sign language	Music	Hospice house
Respite	Sewing	Haircuts/perms	Vigil
Other:			

B. Indirect Client Care

Office Work	Computers	Typing	Filing
Fundraising	Other:		
Speakers			
Special Projects			

C. With training [when appropriate] would you consider being available for the special needs of clients?

Check all areas of interest below.

1. Limited basic hands-on care (i.e. positioning, changing and cleaning incontinent clients; toileting, transfers; feeding, etc.)
2. Occasional overnight respite
3. On-call shift near time of death (at client/family request)

Insurance Information

For the protection of Hospice of Spokane and our volunteers, we request that all volunteers with automobiles provide Hospice of Spokane with ongoing verification of current liability coverage.

If you are deemed eligible as a volunteer for Hospice of Spokane, will you be able to provide proof of insurance?
Yes No

Character References

Please provide three references.

Name	How Known	Mailing Address (Including City, State)	Phone (Work/Home)	Yrs Known

Disclosure Statement

Hospice of Spokane is subject to certain governmental regulations regarding the gathering of background information on potential volunteers and employees. RCW 43.43.834 requires each applicant to disclose the information listed below. Please answer the following questions, sign and return this form to the Human Resource Department. Answering "yes" will not automatically disqualify an applicant from consideration. This data will be kept confidential and will only be used in accordance with the provisions of applicable laws and regulations.

Applicant Name (Please give complete name)	Current Position(s) for Which You Are Applying
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Have you ever been:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Convicted of any crime against children or other persons?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Convicted of crimes related to drugs?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

If yes to any of the above, please explain the crimes you have been convicted of and the dates of the conviction:

I certify under penalty of perjury under the laws of the State of Washington that the above is true and correct. I understand that I can be discharged for any misrepresentation or omission in the above statement.	Applicant Signature	Date