



Volunteer Application

Name of Applicant: _____ Birthdate: _____

Address: _____ City/State/Zip Code: _____

EMAIL: _____

Home Phone: () _____ Work/Cell Phone: () _____

Employer: _____ Occupation: _____

Can receive calls at work: (circle one) Yes No Emergency Only

Person to be notified in an emergency:

Name: _____ Phone: () _____

Address: _____ City: _____ Zip: _____

Education/Special Training:

Work Experience:

Have you ever been convicted of a felony other than a traffic citation? (circle one) Yes No

If yes, please explain: _____

Identified Areas of Interest: (circle all that apply)

Patient/Family Care

Companionship	Transportation	Personal Care	Assistance with Meals	Homemaking
Errands outside the house		Babysitting family's children	Respite	
Activities/Crafts	"Last Watch"	Volunteer Chaplain	Music	Life Review

Bereavement

Calling families	Home visits	Transportation	Office/Clerical
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Non-Patient Services

Clerical	Fundraising/Events	Mailings	Community Outreach/Speakers Bureau	Courier
Thrift Shop		Upscale/Resale Store	Maintenance/Construction	

Availability

Day(s)/Time(s): _____

Please be sure to fill out the back of this application. Thank you.

PO BOX 760
Arthurdale, WV 26520
(304) 864-0884

PO BOX 385
Philippi, WV 26416
(304) 457-2141

3363 University Avenue
Morgantown, WV 26505
(304) 599-4200

640 N. State St. Rt. 2
New Martinsville, WV 26155
(304) 447-2205

102 Carmichaels Plaza
Carmichaels, PA 15320
(724) 966-2656

303 First Street
PO BOX 193
Parsons, WV 26287
(304) 478-2680

201 Merchant Street
Suite 1
Fairmont, WV 26554
(304) 363-3815

111 Randolph Avenue
Elkins, WV 26241
(304) 637-0618

7 Harmon Center
Suite 203
Grafton, WV 26354
(304) 265-6340

PO BOX 323
Burnsville, WV 26335
(304) 853-2279



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Do you have reliable access to transportation? (circle one) Yes No

Do you know another language(s) other than English? (circle one) Yes No
If yes, which language(s)? _____

Other special services/skills/concerns/disabilities:

How did you hear about Hospice Care Corporation?

Why do you want to become a Hospice Care Volunteer?

Have you ever had someone close to you die? _____

How would you describe your reaction to this death?

Two Personal References (excluding family members):

Name: _____ Phone: () _____

Name: _____ Phone: () _____

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me. I understand that any information that is disclosed to me while assisting Hospice Care Corporation is CONFIDENTIAL.

Declaration

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the Code of Ethics for Volunteers and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Hospice Care Corporation.

Applicant Signature

Date

Parent/Guardian Signature (if under 18 years of age)

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