

Hospice Volunteer Application

All qualified volunteer applicants will receive consideration without regard to race, national origin, gender, age, religion, disability, sexual orientation, veteran status, or marital status, or other category protected by law.

Please print clearly and complete entire application, and sign where indicated. To be eligible for some volunteer opportunities you may be requested to do a background check. All volunteers working with patients, participants or with the public on behalf of Collabria Care are also required to complete a Q-Gold TB Test and Flu Shot annually. COVID vaccine and booster is required for all volunteers.

PERSONAL INFORMATION

NAME		Last	MI
PRESENT ADDRESS	No, Street		
	City, State, Zip		
PERMANENT ADDRESS (if different)	No, Street		
	City, State, Zip		
PHONE	Home Phone		Cell Phone
	EMAIL		Date of Birth

VOLUNTEER OPPORTUNITY INFORMATION (Check all that apply)

Current opportunity you're interested in

Type of position	<input type="checkbox"/> Hospice/ Palliative Care	<input type="checkbox"/> Adult Day Health <input type="checkbox"/> Front Desk/General Office <input type="checkbox"/> Event/Occasional	<input type="checkbox"/> UpValley Village <input type="checkbox"/> La Bohème/Act Two <input type="checkbox"/> Let's Discuss
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When are you available?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

REFERRAL SOURCE

Where did you hear about us?
 Website
 Newspaper
 Friend
 Other _____

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ADDITIONAL INFORMATION

Do you have any friends or relatives who work for Providence or are participants or patients in our programs?

Yes No

If yes, state name(s) and relationship to work/programs:

Name	Relationship
Name	Relationship

Are you at least 16 years old ?

Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

Yes No

TALENTS, SKILLS, AND ABILITIES

Please tell us about yourself and any experience, training or qualifications, including languages other than English you speak fluently

ADDITIONAL VOLUNTEER AND LIFE EXPERIENCE

What previous life experience or volunteer experience have you had in relation to working with the elderly, people with dementia, Alzheimer's disease, chronic illness? Have you had retail/thrift store experience?

SIGNATURE

Please read carefully and sign below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application shall be grounds for rejection of this application.

Applicant's Signature _____ Date _____