



Volunteer Application

Date of Application: ____ / ____ / ____

Last Name

First Name

MI

Address Line 1

Phone

City, State, Zip

Email Address

Date of Birth

In Case of Emergency:

Full Name

Relationship to You

Address

Phone

Level of Education: High School Associates Bachelors Other _____

Name of School attending/attended

Major (if applicable)

Graduation Month/Year

Employment:

Name of Employer

Dates

Type of Work

Name of Employer

Dates

Type of Work

Volunteer History:

Name of Agency

Dates

Type of Work

Name of Agency

Dates

Type of Work



Other Experience, Skills, Qualifications, Hobbies, Talents, and Interests:

Why Do You Wish to Be a Hospice Volunteer?

Do You Have a Valid State Issued Driver's License? Yes No

Can Supply Your Own Transportation? Yes No

To assist us with finding the proper assignment for you, please use the space below to summarize any additional information you feel would be useful

How Did You Hear About Our Program?

References: *References should not be family members or anyone who lives in your household*

Full Name

Relationship to You/Years Known

Mailing Address

City, State, Zip

Phone

Email Address

Full Name

Relationship to You/Years Known

Mailing Address

City, State, Zip

Phone

Email Address

Full Name

Relationship to You/Years Known

Mailing Address

City, State, Zip

Phone

Email Address



Requirements:

Upon submission of this application, I hereby certify that all statements are true and correct to the best of my knowledge and belief. I hereby authorize Hospice of Evangelical to investigate all statements and references contained in this application. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for volunteering or dismissal from Hospice of Evangelical's volunteer program.

I agree to abide by the rules and policies of Evangelical Community Hospital and Hospice of Evangelical. I understand that if selected to be a volunteer, I will be required to complete the Hospice of Evangelical new volunteer training and requirements set forth according to the Medicare Hospice Conditions of Participation before volunteering with Hospice of Evangelical. In connection with my application for volunteering with Hospice of Evangelical, I will complete the required paperwork, including but not limited to, the three (3) investigative background inquiries in compliance with the Pennsylvania Act 153 of the Commonwealth of Pennsylvania: Pennsylvania State Police Criminal Background Check, PA Child Abuse History Clearance, and FBI Criminal Background Check.

I understand that as a new volunteer, I will be required to complete required health screening and be in compliance with Evangelical Community Hospital's vaccination and masking policies, including mandatory vaccination for COVID-19. I understand if I have an exemption from vaccination for medical or religious beliefs, I may be required to submit this documentation to the hospital's Employee Health Nurse.

Printed Name of Applicant

Signature of Applicant

Date

For Office Use Only

Application Received By _____

Date