



**LARKSFIELD PLACE HOSPICE VOLUNTEER APPLICATION**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_ Over 18 Years of Age  Yes  No

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Education/Occupation**

Education \_\_\_\_\_

Current occupation \_\_\_\_\_

Supervisor name and phone number \_\_\_\_\_

Company Name and Address \_\_\_\_\_

Former Supervisor (or unrelated personal: co-worker, teacher, counselor, pastor) References:

1. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Work/other \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work/other \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work/other \_\_\_\_\_

Background checks will be conducted prior to accepting anyone into the Larksfield Place Hospice Volunteer Program. Have you ever been convicted of or pled guilty to a misdemeanor or felony?

No  Yes (explain) \_\_\_\_\_

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### Skills and Interests

Do you speak any other languages? \_\_\_\_\_ If yes, which languages (s) \_\_\_\_\_

Are you applying as an:  Individual  Group  Requirement

Group/Organization name \_\_\_\_\_

If required, by who? \_\_\_\_\_

List previous volunteer experiences \_\_\_\_\_

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How did you hear about the Hospice Volunteer Program at Larksfield Place?

Why do you want to volunteer with Larksfield Place Hospice?

Describe any previous experience with nursing or assisted living facilities (e.g. employee, family member was a resident) etc. \_\_\_\_\_

In general, what is your opinion of nursing facilities? \_\_\_\_\_

Tell us about your Hobbies, skills, and interests \_\_\_\_\_

**Preferences in Volunteering**

1. Is there a particular type of volunteer work in which you are interested?  
(Please check all that apply)

- Working one-on-one with a single patient
- Working directly with a staff person as an assistant
- Helping in an office with general administrative duties
- Helping with Housekeeping
- Other (please explain) \_\_\_\_\_
- Assisting with errands/transportation
- Bereavement work with patient's family members
- No preference

2. Do you have a preference as to where you would do volunteer work?

- No       Yes
- Health Care Center       Home Health

Do you have access to an automobile?    No       Yes

3. Are there any persons or groups with whom you would not feel comfortable working?

- No       Yes

(Explain) \_\_\_\_\_

**Volunteer Availability**

1. Approximately how many hours are you available to volunteer

- Hours**
- 1 - 5       Week       Month
  - 5-10       Week       Month
  - Other \_\_\_\_\_       Week       Month
- 
- Monday    time: \_\_\_\_\_ to \_\_\_\_\_
  - Wednesday time: \_\_\_\_\_ to \_\_\_\_\_
  - Friday      time: \_\_\_\_\_ to \_\_\_\_\_
  - Sunday     time: \_\_\_\_\_ to \_\_\_\_\_
  - Tuesday time: \_\_\_\_\_ to \_\_\_\_\_
  - Thursday time: \_\_\_\_\_ to \_\_\_\_\_
  - Saturday time: \_\_\_\_\_ to \_\_\_\_\_

## Volunteer Terms of Agreement

I. Gift Acceptance Statement

I understand that as a volunteer of Larksfield Place, I am not allowed to accept money, including gifts or tips, from any patients, residents or resident's family members.

II. Confidentiality Statement

All residents have rights, including the right to privacy. As a volunteer, you may learn confidential information about the residents. You must uphold each resident's right to privacy by keeping these matters confidential. I agree to comply with these confidentiality obligations.

III. Volunteer Authorizations

I authorize Larksfield Place to obtain information from schools, listed references, or other individuals and institutions it contacts regarding the information I have provided on this application. I agree that if selected, that I may be subject to a criminal background check, TB Test (Tuberculosis), flu shot, drug/alcohol screening & motor vehicle records check (when applicable) as a condition of performing volunteer activities. I understand that I am obligated to report any information which may be helpful in meeting the needs of the residents of the Larksfield community in which I volunteer. I also understand that my volunteer orientation requirements may differ depending upon my assignment. I agree to follow the established guidelines outlined here and in the Volunteer Handbook.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_