



Dignity and grace from the local name you can trust.

## VILLAGE HOSPICE VOLUNTEER APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: (MM/DD/YYYY) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Phone (with area code): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Employment** - Retired?  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Current job title: \_\_\_\_\_  Full-time  Part-time

Have you ever been convicted of a felony:  Yes  No

***Have you had any losses of significance in the last year?***  Yes  No

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**Education** -  High school  AA Degree  Some college  College grad  Post grad

**Experience** - Are you currently a volunteer or have volunteer experience?  Yes  No

Are you currently/prevously a volunteer in some capacity at John Knox Village?  Yes  No

Have you had any previous HOSPICE volunteer experience?  Yes  No

If yes to any of the above:

- Please list dates and locations: \_\_\_\_\_
- Number of training hours served: \_\_\_\_\_
- Type of volunteer service:  Direct patient care  Other \_\_\_\_\_

**Availability** - What hours are best for you to volunteer?  Daytime  Evening

Weekends  Phone calls/visits on a 24-hour basis  Flexible/As Needed

**Automobile** – Do you have a valid driver's license?  Yes  No

If yes, do you have access to a car?  Yes  No Auto insurance coverage?  Yes  No

**Areas of Interest** - Please indicate your areas of interest in the Village Hospice volunteer program:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Patient visits | <input type="checkbox"/> Family/patient services | <input type="checkbox"/> Office/clerical  | <input type="checkbox"/> 11 <sup>th</sup> Hour |
| <input type="checkbox"/> Telephoning    | <input type="checkbox"/> Pet visits              | <input type="checkbox"/> In-home          | <input type="checkbox"/> VCC/VH                |
| <input type="checkbox"/> Meal prep      | <input type="checkbox"/> Special Events          | <input type="checkbox"/> Shopping/errands | <input type="checkbox"/> Bereavement           |

**Special Skills**

- **Why do you want to be a Village Hospice volunteer?** \_\_\_\_\_  
\_\_\_\_\_
- **Please describe any special skills, experiences, hobbies, and/or interests you feel would be of special value in hospice service that you would be willing to share:**  
 Friendly pet  Gardening  Writing  Nail care  Sewing  Other  
\_\_\_\_\_  
\_\_\_\_\_
- **What kinds of work are you most interested in doing with hospice?** \_\_\_\_\_  
\_\_\_\_\_
- **How will family and/or other responsibilities affect your volunteer work?** \_\_\_\_\_  
\_\_\_\_\_
- **Are you willing to commit to Village Hospice for one year?**  Yes  No
- **Are you fluent in any language other than English?**  American Sign Language (ASL)  
 French  German  Greek  Italian  Polish  Russian  
 Spanish  Other \_\_\_\_\_
- **What games can you play?**  Bridge  Pinochle  Rummy  Hearts  
 Checkers  Chess  Cribbage  Other \_\_\_\_\_
- **If interested in office/clerical support, please note skills:**  Phone/Reception  
 Computer  Word  Excel  Data Entry  Filing  Organizing
- **Please list any patient/family care situations with which you would be uncomfortable:**  
 Driving  Children  Pets  Smokers  Other \_\_\_\_\_  
List/Explain: \_\_\_\_\_
- **Are you a veteran?**  Yes  No If yes, what branch? \_\_\_\_\_

**References** - Village Hospice requires two references for each volunteer. Please provide all the requested information for two persons we may contact. Please do NOT list relatives. Let your references know we will be calling in the next few weeks.

**Reference 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

I attest that the information I have provided in this application is true and accurate. I give Village Hospice permission to contact my references and begin a personal background check on me using the information provided.

I understand that the condition, plan of care, and treatment of all hospice patients and families must be held in strict confidence. This confidentiality must be carefully maintained, not only regarding information in patients' records, but also regarding confidential matters learned in the exercise of my volunteer duties. Under no circumstance will I discuss this information, even with patients' families or friends, unless I am authorized to do so.

I also understand that I report directly to the Village Hospice Volunteer Coordinator.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

*We are required to perform background checks on all hospice volunteers and to check against the disqualification list maintained by the Missouri Department of Social Services. Your signature above acknowledges that JKV will be conducting these checks. Opportunities for volunteers are decided without regard to race, color, religion, sex, age, national origin, disability, or any basis prohibited by law.*

**After you have completed and signed this form, please return it to the e-mail address below or mail it to: Village Hospice Volunteer Office, 1001 NW Chipman Road, Lee's Summit, MO 64081.**