

Mary Washington Hospice

Volunteer Application Form

5012 Southpoint Parkway
Fredericksburg, VA 22407

BUS: (540) 741-1667

FAX: (540) 741-1841

PERSONAL INFORMATION *(Please print clearly)*

Name: _____ Date: _____

Address: _____

City: _____ State/Zip: _____

Telephone: Home: _____ Work: _____

Cell: _____ Email: _____

Date of birth: ___/___/___ Social Security Number: _____

How long at this address? ___ years ___ month Are you 18 years or older? Y or N

The best way to contact me is at:

Home Work Cell e-mail

I am available (check all that apply):

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Mornings | | | | | | | |
| Afternoons | | | | | | | |
| Evenings | | | | | | | |

Can you give 3-4 hours per week? _____ If not, what is the amount of time are you able to give? _____

I am a US citizen: Yes ___ No ___ I have been a Virginia resident for _____ years.

Person to be notified in case of an emergency: _____

Relationship _____ Home () _____ Work () _____

Occupation/Employer: _____

Address: _____ City: _____ State/Zip: _____

If retired, from what occupation: _____

Education:

| Level of Education | City and State of Institution | Years of Study | Completed Y/N | Degree or Certification |
|---------------------|-------------------------------|----------------|---------------|-------------------------|
| High School | | | | |
| Associate Degree | | | | |
| Bachelor Degree | | | | |
| Graduate Degree | | | | |
| Doctorate | | | | |
| Technical School | | | | |
| Professional School | | | | |
| Other(s) | | | | |

Are you currently in school? Yes, full-time Yes, part-time No

Typing Speed: _____ WPM Microsoft Office: Yes No

Professional Licensure:

| License/Certification | State | License Number | License Issued | License Expires | Temp or Perm |
|-----------------------|-------|----------------|----------------|-----------------|--------------|
| | | | | | |
| | | | | | |

AREAS OF INTEREST (*Check all that apply*)

Direct Patient Care:

- Patient/Family Care
- Teen Volunteer
- Grief/Bereavement Support
- Massage Therapy
- Pet Therapy
- Art Therapy
- Babysitting
- Musical Visits/Music Therapy
- Barber/Beautician
- Homemaking Chores
- Meal Preparation
- Sign Language
- Transportation
- Running Errands

Other Hospice Volunteer Opportunities:

- Special Events Planning
 - Sewing/Baking
- Administrative/Office Support
 - Mass Mailings
- Public Speaking
 - Communication/Marketing/ Public Relations
 - Fundraising
 - Landscaping/Gardening/Cutting Grass
 - Maintenance/repairs
 - Other _____

Would you be willing to use your vehicle to run errands or transport patients for patients/families?

Yes No

Would you be willing to assume all responsibility of the use of your personal car for the transportation of patients? Yes No

EXPERIENCE AND QUALIFICATIONS

What type of work have you done in the past?

1. _____
2. _____
3. _____

Have you done any volunteer work?

Yes, currently yes, in the past No

If yes, please specify _____

Are you fluent in any languages? _____ If yes, please list _____

Please describe any life and/or work experiences or training(s) which may help you as a hospice volunteer: _____

Do you have a valid driver's license? Yes No what state? _____

In the past three years have you been convicted of more than three moving violations?

Yes No

In the past three years have you been in an accident in which you were found to be at fault?

Yes No

In the past seven years have you been convicted of any major driving offense (DWI, reckless driving, etc.)? Yes No

Have you ever been convicted of any criminal violation of law (including minor traffic violations), or are you now under pending investigation or charges of violation of criminal law? Yes No

If yes, please describe circumstances, date, and jurisdiction _____

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based action? Yes No

If yes, please explain _____

In the last three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? Yes No

If yes, please describe _____

| |
|---------------------|
| <h2>References</h2> |
|---------------------|

Have you ever worked for MediCorp Health System or a MediCorp entity? Yes No

Are you eligible for employment in the United States? Yes No

Do you have relatives employed at MediCorp? Yes No

If yes, Name of relative: _____

Please list three references that we may contact:

1. Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____

In what capacity and for how long has this person known you? _____

2. Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____

In what capacity and for how long has this person known you? _____

3. Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____

In what capacity and for how long has this person known you? _____

AGREEMENT AND INFORMATION RELEASE

Please read the following carefully before signing.

I certify that the answers and statements given by me in response to this application are true and correct with out consequential omissions of any kind whatsoever. I agree that MediCorp Health System shall not be liable in any respect if my volunteer position is terminated because I have falsified statements, or answers, or have made omissions on this application or on supporting documentation.

If I volunteer, I hereby agree to abide by the rules and policies of my organization and facilities in which I volunteer as a Hospice Volunteer. I understand that noting contained in the application or during an interview is intended to create a contract between MediCorp Health System and myself for either employment or the provision of any benefits. If a relationship is established, I understand that I have the right to terminate my volunteer position at any time with proper notice, and that MediCorp Health System retains the right to terminate my volunteer position at any time at its discretion. Volunteering is not considered finalized until the Volunteer Coordinator has received:

1. a satisfactory check of references, supporting transcripts and license or registry certification, and criminal background check;
2. a Tuberculosis test must be administered and read,
3. proof of age and citizenship, and all documents necessary to complete federal and state regulatory requirements

I hereby authorize MediCorp Health System or the appropriate subsidiary to contact any school, listed reference, law enforcement agencies and persons who may aid Mary Washington Hospice determining my suitability for a volunteer position unless otherwise noted. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for providing the requested information.

Date: _____ Signature: _____

PARENTAL OR GUARDIAN CONSENT

My daughter/son _____ has my permission to serve as a Mary Washington Hospice Teen Volunteer.

SIGNATURE OF PARENT: _____ DATE: _____

Volunteer opportunities are available to all qualified applicants without regard to race, color, religion, gender, national origin, age, disability, or sexual orientation. Hospice shall reserve the right to deny appointment of prospective volunteers as a result of the application, interview and/or training process.

applica.vol (volunteers)