

Hospice of Anchorage

VOLUNTEER APPLICATION



Date: _____

Thank you for your interest in becoming a Hospice of Anchorage volunteer.

NAME (LAST, FIRST, MI):	EMAIL ADDRESS:	
ADDRESS (INCLUDE ZIP CODE):	PHONE NUMBER	CELL/MESSAGE NUMBER
AVAILABILITY TO BEGIN ____ / ____ / ____		

REFERENCES:

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

Areas of interest: (Please check all that apply)

With individuals and families:

- ___ Support for primary caregiver
- ___ Transportation
- ___ Meal preparation and/or feeding
- ___ Home repair/special services
- ___ Write letter
- ___ Home making chores
- ___ Shopping
- ___ Hair styling/cutting
- ___ Reading
- ___ Music
- ___ Massage Therapy
- ___ Assist with grief groups

Administrative Support:

- ___ Hospice office work
- ___ Fundraising (auction, etc.)
- ___ Hostess for gatherings
- ___ Sewing/crafts/quilting
- ___ Publicity
- ___ Speakers Bureau
- ___ Health fairs, presentations

How often would you like to volunteer?

Regularly: Available _____ hours a week during the:

Preference: Morning Afternoon Evenings Weekends

Occasionally:

for Special Events Periodically during the _____ (i.e. summer, holidays) times of the year.

How did you hear about volunteering at Hospice of Anchorage?

- Website thru United Way Newspaper Word of Mouth other _____

Do you have any physical limitations No Yes, please explain,

PERSONAL INFORMATION:

1. Has someone close to you recently died? No Yes, please share, _____

2. Have you ever volunteered at a hospice organization before? No Yes, please briefly share your experience,

3. Please describe your interest in volunteering with Hospice of Anchorage?

4. To better place you with in hospice volunteering service, share what your feel are your strengthen and weakness,

5. What do you hope to gain personally as a result of serving as a Hospice volunteer?

By initialing each paragraph I indicate I agree with each written statement below:

_____ *I certify that all the information concerned in this application is true and accurate. I also authorize the release of information from those references listed above to Hospice of Anchorage as it pertains to my volunteer service with this agency.*

_____ *I am aware I must provide a copy of my driving license to Hospice and that Hospice requires a DMV Driving Record Report which shows no more that 3 moving violations or more than 1 chargeable accident in the past 36 months and no major convictions within the past 7 years. If I will be transporting a Hospice client or family member, it is my responsibility to provide the Hospice office with proof of vehicle insurance coverage, in the amount of \$100,000/100,000.*

_____ *I agree to never drive a vehicle belonging to a Hospice client or client's family member.*

_____ *I understand a background check including fingerprinting (completed at the Hospice of Anchorage office at no charge) is required prior to volunteering in individual homes. Have you ever been convicted of any crimes, felonies misdemeanors? No Yes
If yes, please explain. _____*

_____ *I understand that participating in volunteer training does not automatically qualify me to be placed as a volunteer. My placement and on-going status is at the discretion and judgment of Hospice of Anchorage.*

PRINTED NAME

SIGNATURE OF APPLICANT

DATE