

# Volunteer Application



Date of Birth (month/day/year):	Title (please circle one): Mr. Mrs. Ms. Miss Dr.		
Name:	Preferred First Name:		
Address:	City:	Zip:	
Phone 1: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone 2:		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
E-mail address:			
I am currently employed: <input type="checkbox"/> full time <input type="checkbox"/> part-time <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> full time student <input type="checkbox"/> part-time student			
Occupation:			
Highest level of education achieved:			
Are you active duty military, or a veteran? Y N		If yes, branch of service:	
Emergency Contact:		Relationship:	Phone:

**Area(s) of volunteer interest** (please circle all that apply):

Direct Patient Care  Grief Services Volunteer  General Services/Administration  Patient Support

Licensed/Certificate Professional  Pet Therapy  Veteran Volunteer  Estate Treasures  Camp New Dawn

Why have you chosen to volunteer with Compass Regional Hospice?

Please describe any work or other experiences which you feel have prepared you to be a volunteer:

What personal characteristics will allow you to best carry out your role as a volunteer?

The last death I was impacted by was \_\_\_\_\_ year(s) ago and the relationship was \_\_\_\_\_.

Special talents, skills and/or abilities:

Professional License(s) held:

**Referral Source:** How did you hear about volunteering with Compass Regional Hospice?

Family/Friend  TV/Radio/Newspaper (specify) \_\_\_\_\_

CRH Staff / Volunteer (name) \_\_\_\_\_  Internet (specify website) \_\_\_\_\_

Brochure / Flier (specify location) \_\_\_\_\_  Other (specify) \_\_\_\_\_

*Please note, individuals are discouraged from volunteering if they have experienced the loss of a loved one within the last 12 months, or are in the process of a serious family illness or potential loss.*

This serves to advise you that, in consideration for volunteering, a criminal background check will be obtained on you. This process may include a review of any local, county, state and federal government agency records and court public records. This background check will be at the expense of the agency.

**References:** I understand that I am required to provide two reference forms to individuals who know me on a personal or professional basis. By checking this box, I am authorizing CRH to contact my references

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Code of Ethics for Volunteers

As a volunteer, I understand that I will be subject to a code of ethics and professional behaviors similar to that which binds the professionals in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting the hospice is confidential.

I interpret “volunteer” to mean that I have agreed to work without compensation in money. Having completed training and orientation to work as a volunteer, I expect to do my work according to the standards set forth in the Compass Regional Hospice Policies and Procedures.

### Declaration

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any patient, donor, contractor or community partner I acquire in the course of my volunteer activities with hospice.

***Print Name:***

***Signature:***

***Date***

***Thank you for your interest in volunteering with Compass Regional Hospice***

Please return completed application to:

Compass Regional Hospice, Attn: Volunteer Department, 255 Comet Drive, Centreville, MD 21617

Phone: 443-262-4100 • Fax: 410-758-5471

• Email: [cwilliams@compassregionalhospice.org](mailto:cwilliams@compassregionalhospice.org) • Web: [www.compassregionalhospice.org](http://www.compassregionalhospice.org)