



Volunteer Application

Serving as a Volunteer for Willamette Vital Health is contingent upon passing a drug screening and a national criminal background check. Out of respect for the sensitive nature of hospice work, new volunteers are advised to wait at least twelve months after a significant personal loss before volunteering.

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS			CITY/STATE/ZIP CODE	
HOME PHONE NUMBER	CELL PHONE NUMBER		E-MAIL ADDRESS	
If currently employed, may we contact you at work? (yes/no)				
EMPLOYER:			WORK PHONE:	
In case of emergency notify:				
NAME:			PHONE:	

REFERRAL SOURCE(S)

How did you learn about volunteering at Willamette Vital Health? Please check all that apply.

☐ Family ☐ Friend ☐ Staff ☐ Brochure ☐ Internet
☐ Health Fair ☐ Newspaper ☐ Other

REFERENCES Please list two references (non-family members) who can address your suitability to become a volunteer. Please notify them so that they will be expecting our inquiry.

Name: _____	Name: _____
Email: _____	Email: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Phone: _____	Zip: _____ Phone: _____
Relationship: _____	Relationship: _____

PREVIOUS VOLUNTEER EXPERIENCE (agencies, tasks, responsibilities, length of service) (use another sheet if necessary)

LIFE EXPERIENCES, INTERESTS, SKILLS, HOBBIES (use another sheet if necessary)

Are you a military veteran? _____ If yes, which branch of service? _____

Briefly explain why you wish to be a hospice volunteer.

AREAS OF INTEREST FOR VOLUNTEERING

Interested in (check all that apply)

_____ Patient/Family Support

_____ Pet Peace of Mind

_____ Veteran-to-Veteran

_____ Outreach/Fundraising

_____ Grief Support

_____ Tokarski Adult Foster Home

_____ Pet Therapy

_____ Office Support

_____ Life Review

Please read carefully, then initial each paragraph and sign below:

_____ I understand and acknowledge that I will be required to submit to a drug test. I hereby authorize the release of the results of such an examination to Willamette Vital Health for their use in evaluating my suitability for being a volunteer. In addition, I release the examining facility and Willamette Vital Health from any and all liability, and from any damage that may result from the release of such information.

_____ I authorize Willamette Vital Health to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Willamette Vital Health has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from a volunteer position.

THE PRECEDING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE RELEASE OF VERIFYING INFORMATION TO WILLAMETTE VITAL HEALTH.

Signature

Date