



GEORGIA MOUNTAINS

HOSPICE

Mail to:

Georgia Mountains Hospice

Volunteers

70 Caring Way

Jasper, GA 30143

Volunteer Application

Please print

Name of Applicant _____

Birthdate (for birthday card list only) _____ Social Security # _____

Address _____

City _____ Zip _____

Home Phone [_____] _____ Cell Phone [_____] _____

Identified Areas of Interest:

Patient/Family Care

In Home In Nursing Home Transportation Meal Delivery Alternative Therapies

Bereavement

Caller Home Visits Support Group Co-Facilitator Transportation Memorial Service Spiritual Support

Non-Patient Services

Office/Clerical Fundraising Mailings Events Marketing Courier Switchboard Other

Education/Special Training _____

Employer _____ Occupation _____

Can receive calls at work: Yes No Emergency Only

Work _____

Experience _____

Two Personal References (*excluding family members*). Please provide a complete address in order to verify by mail.

Name _____ Phone [_____] _____
Address _____ City _____ Zip _____

Name _____ Phone [_____] _____
Address _____ City _____ Zip _____

Do you know a language other than English? Yes No

Language _____ Speak Read Write

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Other special services: (manicurist, hairdresser, masseuse, etc.) _____

Do you have access to transportation? Yes No

How did you hear about our Hospice volunteer program?

Why do you want to be a hospice volunteer? _____

What qualities (*skills, talents, knowledge, and experiences*) **do you feel you can incorporate into your hospice volunteer work?**

Death and Dying

What are your thoughts and feelings about death? _____

Have you ever been with someone at the time of their death? Yes No

If yes, please describe briefly: _____

Have you ever provided care to anyone who was dying? Yes No *(If yes please explain)*

When thinking of your own death, what words best describe death to you?

I do not think about my own death sorrowful natural frightening painful lonely joyful
 heavy peaceful dark Other

Comments:

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional 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 been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer 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 client information I acquire in the course of my volunteer activities with Hospice.

Applicant

Date