



## Volunteer Application

### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Complete Address: \_\_\_\_\_  
Daytime Number: \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_  
Do you speak another language other than English? \_\_\_\_\_ Language \_\_\_\_\_  
Do you have a car and insurance? \_\_yes \_\_no **OR** Do you access to transportation? \_\_yes \_\_no  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

### Please Identify Areas You Are Interested in:

\_\_\_ Direct Patient and Family Care      \_\_\_ Office/ Clerical Work  
\_\_\_ Bereavement Services      \_\_\_ Special Events  
\_\_\_ Non-patient/ Admin Services      \_\_\_ Other: \_\_\_\_\_

### When are you available for Volunteer assignments?

\_\_\_ :\_\_\_ to \_\_\_ :\_\_\_ Monday      \_\_\_ :\_\_\_ to \_\_\_ :\_\_\_ Thursday  
\_\_\_ :\_\_\_ to \_\_\_ :\_\_\_ Tuesday      \_\_\_ :\_\_\_ to \_\_\_ :\_\_\_ Friday  
\_\_\_ :\_\_\_ to \_\_\_ :\_\_\_ Wednesday      \_\_\_ :\_\_\_ to \_\_\_ :\_\_\_ Saturday      \_\_\_ Anytime

How did you hear about Accord Hospice Services? \_\_\_\_\_

### Work and Training Experience

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Education/Training: \_\_\_\_\_

Work/ Volunteer Experience: \_\_\_\_\_

List any interests, hobbies, special education or talents: \_\_\_\_\_

What do you hope to gain from volunteering? \_\_\_\_\_

Explain and experience you have had with death/dying process, or caring for someone with a terminal illness/condition: \_\_\_\_\_

### References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_



## 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 Accord Hospice is confidential and that this confidentiality is protected by the policies of Accord Hospice. 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. I promise to take to my work an attitude of open-mindedness; and, I am willing to continue my education in the field through education offered to volunteers. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to the community and to those for whom it is done.

I accept this Code for the volunteer as my Code, to be followed with care and compassion. 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 Accord Hospice. I affirm and represent that I have automobile collision and liability coverage with in the amounts required by The State, and will notify my insurance company as primary provider if I use my automobile in the scope of my volunteer duties with Accord Hospice. I understand this information will be held in the strictest confidence.

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*Signature*

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*Date*