



Spartanburg Regional
HOSPICE

Volunteer Application

Please return to:
Regional Hospice
Office of Volunteer Coordinator
686 Jeff Davis Dr.
Spartanburg, SC 29303
Phone: (864) 560-5636
email: bhenderson@srhs.com

Please Print

NAME _____ Date _____

Date of birth (for birthday card list only) _____

Address _____

City _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell () _____

EMAIL _____

Employer _____ Occupation _____

Can you receive calls at work: Yes No Emergency Only

Person to be notified in an emergency:

Name _____ Phone () _____

Address _____ City _____ Zip _____

EDUCATION/SPECIAL TRAINING (Use back if needed)

WORK HISTORY (most recent)

<u>Name of Employer</u>	<u>Dates</u>	<u>Position</u>	<u>Reason left</u>
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER HISTORY

<u>Name of Organization</u>	<u>Dates</u>	<u>Duties</u>
_____	_____	_____
_____	_____	_____

AREAS OF INTEREST

Direct Patient/Family Support: Home Visits Hospice Home Hands-on/personal care Bereavement

Other Support Services: Reception Desk Fundraising Events/Projects Office Facility Care

Do you know a language other than English? Yes No

Language(s) _____ Speak Read Write

Other special services/skills: (manicurist, massage therapist, musician, pet therapy, art, hair stylist, etc.) _____

Do you have access to transportation? Yes No **How many hours a week could you serve?** _____

How did you hear about the Regional Hospice Volunteer Program? _____

Why do you want to become a hospice volunteer? _____

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

DEATH AND DYING (use back as necessary)

What are your thoughts and feelings about death? _____

Have you lost someone close to you? Yes No **How long ago** _____ **Relationship** _____ **Describe your loss:** _____

Have you ever provided care to someone that is dying? Yes No **If yes, how long ago and briefly describe:** _____

TWO REFERENCES (excluding family members). References will be verified by mail.

Name _____ Relation to you _____ Phone () _____

Address _____ City _____ Zip _____

Name _____ Relation to you _____ Phone () _____

Address _____ City _____ Zip _____

Other comments: _____

Code of Ethics

As a volunteer, I realize I am subject to a code of ethics. I 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 at hospice is confidential.** I interpret "volunteer" to mean that I have agreed to work without compensation in money. I expect to do my work according to standards set forth in Volunteer Policy and Procedures.

Declaration

I hereby declare 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 including: a criminal records check, employment, character, and health verification for the purpose of determining my suitability as a volunteer with Regional Hospice. I affirm that I have read the Code of Ethics and agree to abide by its regulations including respect for confidentiality.

Applicant Signature _____ Date _____