

HOSPARUS - Louisville
Volunteer Application

Thank you for your interest in becoming a volunteer for Hosparus-Louisville. The following will provide us with a clear understanding of your interest and skills. Some questions may be personal and private; however, this information has proven helpful in making volunteer assignments. Please return this form to Fax: (502) 458-2166, or mail to Volunteer Services, HOSPARUS-Louisville, 3532 Ephraim McDowell Drive, Louisville, KY 40205. For further info, call (502) 719-4155 or (502) 719-4153.

Identification

Name: _____ Phone: _____ Cell #: _____
Address: _____ City: _____
How long have you lived in this state? _____ Work Phone: _____
E-mail: _____ What is the best way to contact _____

Education/Employment

Please check highest level completed: _____ Some or no high school _____ high school graduate
_____ Some college/technical school* _____ college graduate
_____ Graduate Work*

* Please specify field of study and/or degree: _____

Are you currently employed? **Yes No** full time? **Yes No** part time? **Yes No**

Place of employment: _____ Position: _____

Hours? _____ Is it OK for us to call you at work? **Yes No**

Are you a licensed professional? **Yes No** Please Specify: _____

Experience

Have you volunteered for other organizations? **Yes No**

Please list the organization(s) and length(s) of service.

Organization

Length of Service

What type of work experience have you had in the past? _____

Special Skills & Hobbies

Do you speak a second language? **Yes No** Please specify: _____

Briefly list any special skills or talents you would like to offer as a Hosparus volunteer: _____

Personal Experiences with Death or Loss

Have you experienced any deaths in your immediate family or of those close to you? _____

If so, briefly explain: _____

In the past 12 months, have you experienced a significant change or loss? (i.e., death, divorce, separation, recent move, change in job, etc...) **Yes No** Please specify: _____

Availability

Do you drive? **Yes No** Do you have a car available to you? **Yes No Sometimes**

Are you available for long-term assignments (ongoing patient/family contact for 1-6 months)?

Approximately how many hours could you donate a week? _____

Are you available for short-term assignments (one time contact, events, errands)? **Yes No**

Are you available to volunteer (Circle all that apply): **Days Evenings Weekends**

Reason For Volunteering

Why do you want to volunteer for us? _____

Referral Source

How did you learn or hear about us?

_____ Personal experience with hospice care

_____ Community Presentation

_____ Hosparus Volunteer or Staff

_____ Flyer/Brochure

_____ Newspaper Article

Other (Please Specify): _____

References/Background Check Information

Please list 3 personal references with **COMPLETE** addresses and phone numbers. **Note:** References must have known you at least 3 years and not be an immediate family member.

Name: _____ Phone #: _____

Address: _____

City, State, Zip Code: _____

Name: _____ Phone #: _____

Address: _____

City, State, Zip Code: _____

Name: _____ Phone #: _____

Address: _____

City, State, Zip Code: _____

Out of concern for the well-being and safety of the families we serve, Hosparus performs criminal background checks on prospective volunteers. Hosparus deems it necessary and advisable as a matter of policy to reserve the right, in its sole discretion, to disqualify and prohibit from volunteer service any person who has been convicted of a felony or any offense involving moral turpitude or for not disclosing any conviction.

Have you ever been convicted by a court, including military court, of any criminal offense (excluding any sealed or expunged convictions, and excluding any traffic offense for which the fine was less than \$200)? **YES NO**

Please explain: _____

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I understand that any deliberate falsification, misrepresentation, or omission of fact may be grounds for rejecting me as a volunteer. Hosparus reserves the right to accept or reject any application.

I understand that this application and all information gathered regarding my application will be the property of Hosparus and will not be released to me.

Printed Name _____ Date _____

Signature _____