



# Hospice

and Palliative Care of Greensboro

## Hospice and Palliative Care of Greensboro

# Volunteer Services

## Application Packet

Thank you for your interest in volunteering with Hospice and Palliative Care of Greensboro. There are so many opportunities for volunteers to work with our patients, families and staff members.

Please review the materials in this packet and fill out all appropriate documents.  
(Please look carefully for signature areas, check boxes, and dates)

Once you have completed the Application Packet, please return to our office as soon as possible.

Mail or drop-off the packet:

**Volunteer Services Department**

**2504 Summit Avenue**

**Greensboro, North Carolina 27405.**

Scan/Email and send to: [volunteerservices@hospicegso.org](mailto:volunteerservices@hospicegso.org)

Fax to us: 336-544-2270 Attn: Volunteer Department

If you have any questions about our Volunteer Services, or the Application Process, please feel free to contact us at 336-621-2500 (ask for the Volunteer Services Department)

Information needed to become a Volunteer:

- ✓ Application
- ✓ Reference Forms (There are 3 Forms – Please return all 3 Forms or have your references return them to our office) It is your responsibility to assure references are received in a timely manner.
- ✓ Background Check Authorization, Notification and Release Form (There are 7 pages - Return only pages 1 and 2 of this Document) usually given and signed at the Information Session

*Additional Information we will need before you start volunteering:*

- ✓ Copy of Driver's License (we can make a copy here at our office)
- ✓ Declaration of Insurance Page (Contact your insurance company and ask them to fax the Declaration Page of your Policy to our office 336-544-2270 Attn: Volunteer Services)



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2504 Summit Avenue  
Greensboro, NC 27405  
(336) 621-2500

**VOLUNTEER APPLICATION**

We consider all applications without regard to race, religion, color, creed, gender, national origin or disability.

**PERSONAL INFORMATION**

**PLEASE PRINT**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First MI \_\_\_\_\_ Maiden

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License#: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_ County: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: (Home) (\_\_\_\_\_) \_\_\_\_\_ (Work)(\_\_\_\_\_) \_\_\_\_\_ (Cellular) (\_\_\_\_\_) \_\_\_\_\_

I prefer to receive calls at: (Please check)

Home  Work  Cell Best time to reach me: (am) \_\_\_\_\_ (pm) \_\_\_\_\_

Current Employment Status:  Full Time  Part Time  Retired  Not Employed  Student

(If Employed)  Employer offers a time-off program for volunteers  Employer offers a donation-matching program

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Days: \_\_\_\_\_ Hours: \_\_\_\_\_

(Please indicate the highest level of education completed) Education:  High School  College/University  Graduate School

List Degree (s) Received: \_\_\_\_\_

Are you a veteran? :  Yes  No Which Branch of Service: \_\_\_\_\_

In case of emergency, we are to notify?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you experienced the death of a loved-one in the past 12 months?  Yes  No

(Give Relationship) \_\_\_\_\_

## SKILLS & EXPERIENCE

**Experience** (Please list any current or previous experiences – work or volunteer):

Company/Agency	Address	Work Description	Active Dates
1.			
2.			
3.			

What service or social clubs do you belong to? \_\_\_\_\_  
 \_\_\_\_\_

Describe any previous experience with hospice: \_\_\_\_\_  
 \_\_\_\_\_

Do you speak any foreign language?  Yes  No

If yes, Language: \_\_\_\_\_ Conversational fluency:  Fair  Good  Excellent

Are you licensed /credentialed in any of the following? *Please indicate with a check.*

- |                                            |                                          |                                             |                                       |
|--------------------------------------------|------------------------------------------|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Art Therapist     | <input type="checkbox"/> Counselor       | <input type="checkbox"/> Pet Therapist      | <input type="checkbox"/> Teacher      |
| <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Notary          | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Attorney          | <input type="checkbox"/> MD              | <input type="checkbox"/> Social Worker      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Clergy            | <input type="checkbox"/> Music Therapist | <input type="checkbox"/> RN                 |                                       |

Other hobbies, skills, interests or special training:

## VOLUNTEER INTERESTS

*Please check the boxes next to the volunteer service opportunities of interest. Check as many as you would like.*

- Administrative  
  Cake/Meal Prep  
  Community Education/Relations  
  Direct Patient Care (DPC)  
  Gardening  
 Kids Path  
  Misc. Professionals  
  Special Events  
  Transportation  
 Other?  \_\_\_\_\_

**I understand that the we prefer a 1 year commitment, 2-4 hours per month and a minimum of 12 hours of training annually. Initially, there may be up to an additional 2-4 hours of training for specialty areas. I would like more information on these following areas:**

- Home Care  
  Beacon Place (DPC)  
  Beacon Place (Reception)  
  Kids Path (DPC)  
  Kids Path (Reception)  
 Long Term Care Facilities  
  Transportation (All Areas except Beacon Place)

2504 Summit Avenue Greensboro NC 27405 Phone: 336-621-2500 FAX: 336-544-2270

**How did you hear about our volunteer program?**

- Community Presentations  
  Friend  
  Newspaper  
  School  
  Another Volunteer  
 Staff Member  
  Website  
  Volunteer Center  
  Other \_\_\_\_\_

**REFERENCES**

Please provide three (3) references. No Relatives: preferably a supervisor/ former supervisor/teacher if available. You are authorizing us to obtain reference information from the persons listed below. Reference Information May Be Obtained By Phone or Email, however, reference retrieval is the ultimate responsibility of the applicant. Please ensure all information is current and legible or processing may be delayed.

**Please Print Legibly**

Info Needed	Reference 1	Reference 2	Reference 3
Name			
Number w/ area code			
Email			
Address  City/State/Zip			
Type of Reference			

Have you ever been convicted of any offense (other than minor traffic violation with a fine of \$50 or less)?

- YES    NO   If YES, please explain. \_\_\_\_\_

**AGREEMENT**

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize you to conduct a criminal background check as well as any such investigations and inquiries of my employment and other related matters as may be necessary in arriving at a decision about volunteer placement. This includes reference checks as well.
- I hereby release employers, schools and other persons from all liability in responding to inquiries in connection with my application.
- In the event of volunteer placement, I understand that false or misleading information given on my application or in interviews or references may effect volunteer placement or continuation of volunteer assignments.
- I understand that I am required to abide by the rules and regulations and guidelines of Hospice and Palliative Care of Greensboro.
- I am aware that Hospice and Palliative Care of Greensboro does not provide insurance coverage for volunteers if personally injured or if damage occurs to personal property while acting as a volunteer. I further understand that I am not entitled to Worker’s Compensation, Health Insurance or any other benefits as a volunteer available to employees of Hospice and Palliative Care of Greensboro.
- I agree that I will not hold Hospice and Palliative Care of Greensboro, officers, or agents thereof, liable for any injury sustained to person or property while acting in a volunteer capacity.

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER APPLICANT

\_\_\_\_\_  
DATE





