



## PruittHealth Hospice Volunteer Application

### PLEASE READ BEFORE COMPLETING THIS APPLICATION

We are an equal opportunity employer and do not discriminate against otherwise qualified applications on the basis of age, ancestry, color, creed, disability, gender, handicap, marital status, national origin, race, religion, or veteran status. The acronym "NA" represents the words "Not Applicable" and should only be used to signify a question that cannot be applied.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR ANY PURPOSE.**

### PERSONAL INFORMATION

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

Date: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Full Time:  Part Time:

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

### GENERAL INFORMATION

Are you over the age of 18? YES  NO  If NO, are you at least 16 years of age? YES  NO

What time of day are you available to volunteer?

MORNING  MIDDAY  AFTERNOON  EVENING

What days are you available to volunteer?

SUNDAY  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  SATURDAY

Do you have access to reliable transportation? YES  NO

How did you hear about PruittHealth Hospice?

What do you hope to gain from your hospice volunteer experience?



Please describe any special training, skills (such as languages spoken other than English), or other activities that you feel may be helpful as a volunteer:

Do you have previous volunteer experience? YES  NO

Please check the boxes below indicating which type(s) of volunteer duties you would be interested in:

- Direct Patient Care Activities (Working directly with patients and their families)
- Indirect Patient Activities (Not working directly with patients - may include pet care, yard work, baking, treats/gifts, etc.)
- Administrative Activities (May include typing, filing, phone support, copying, special projects, etc.)

Have you ever been discharged from employment or been asked to resign? YES  NO   
 If you answered, YES, please provide further information.

Have you ever been convicted of a felony? YES  NO   
 If you answered, YES, please provide further information regarding type and date it occurred:

**PAST VOLUNTEER EXPERIENCE**

Agency/Organization	Duties	Date (Year)

**REFERENCES: PROFESSIONAL OR PERSONAL**

Name	Phone/Cell #	Relation	Time Known



Effective: 11/01/2013  
Reviewed: 11/21/2017  
Revised: 12/10/2014

Hospice  
Forms  
Version: 1

I hereby authorize the location to investigate all information given in this application and specifically to obtain information concerning me from prior employers and from any person listed as a reference. I certify the information given on this application is correct. I understand any misrepresentation or omission of facts called for in this or any other location document completed either prior to or during the employment relationship, will be cause for immediate dismissal without notice. I release the location and all representatives, employees, and agents thereof from any an all liability or damages in connection with efforts to verify or investigate such information. I release all third parties and all persons providing information to the location in connection with this application from any and all liability or damage on account of having obtained or furnished the same.

The location may require applicants to undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be not be considered as a volunteer. Applicants who refuse to submit to the location's substance abuse testing procedures will not be considered for volunteering. By signing this application form, the applicant hereby consents to the administration of any drug tests and hereby releases the location from any and all liability and damage related thereto.

I understand acceptance as a volunteer can be rescinded if it is determined I cannot perform the essential functions or requirements with or without reasonable accommodation, or that I pose a direct threat to the health or safety of others or myself in the workplace. I further understand the location will make reasonable efforts to accommodate a covered disability to the full extent of the law. I also understand all medical or disability related information supplied by or concerning me will be held in strict confidence by the location, subject to certain disclosures permitted by applicable law.

I understand and agree if the location accepts me as a volunteer, investigative background inquiries will be conducted. The background inquires may include but are not limited to the following: background checks, Social Security Number trace reports, and OIG/GSA sanctioned searches. I understand acceptance can be rescinded based upon the results of the investigative background inquires. I understand the location or its authorized agent requests information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences.

I agree to comply with all the rules and regulations of the location in effect now and any others that may be instituted at a later date. I understand if accepted as a volunteer that my status may be terminated for any reason or no reason at the option of the location or myself. I understand no management representative or other person had any authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing, or to enter into any oral contracts or any other term or condition of participation as a volunteer in the volunteer program. I further understand no written policy statements, handbooks, memoranda or any other materials provided to me by the location are intended to serve as written or implied acceptance into the volunteer program.

Date	Signature of Applicant

The potential volunteer has been informed that volunteer acceptance is conditional upon completion of screenings and trainings. All questions on the application form have been completed: YES  NO

Date	Signature of Volunteer Coordinator/Designee