



RESIDENTIAL HOSPICE VOLUNTEER APPLICATION FORM

**OUR HOSPICE PALLIATIVE CARE TRAINING
IS MANDATORY FOR ALL HOSPICE VOLUNTEERS
WORKING WITH PATIENTS AND FAMILIES.
ALL SESSIONS MUST BE ATTENDED.**

Name: _____ Date: _____

Address: _____

City: _____ Postal Code: _____

Phone: (home) _____ (other) _____ E-Mail: _____

Next of Kin: _____ Phone: _____

Are you currently: Employed Retired Student Other

1. Previous Work Experience (volunteer or paid) and Special Skills or Training: You may submit your resumé if preferred.
2. Hobbies/Interests:
3. Why do you want to be a Hospice volunteer?
4. What do you view as the strengths you bring to this work?



5. Do you have any physical or medical restrictions/conditions that may affect your function as a Hospice Volunteer? (i.e. allergies, back, poor vision, or hearing etc.)

Yes (if yes, please describe) No

6. Have you experienced any deaths in your family or those close to you? Yes No
If yes, what did you learn from this experience?

7. Do you feel you are ready to help others deal with death and dying and/or support our work? Have you reviewed the information on our website?

Yes No (explain)

8. When are you available to volunteer with Hospice? **We ask that you to identify one four-hour block that you can regularly devote to Hospice.** Please check below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
½ days – Morning (8-12)							
½ days – Afternoons (12-4)							
Evenings (4-8 pm)							
Occasional/On-Call							

9. Please provide two references – preferably one personal reference and one professional reference from previous employment or volunteer work (NO FAMILY MEMBERS OR RELATIVES)

Name of Reference _____ Phone _____ Business Personal

Address: _____

Name of Reference _____ Phone _____ Business Personal

Address: _____



Volunteer Code of Conduct and Pledge of Confidentiality

As a volunteer with Hospice, I realize that I am subject to a code of conduct. I acknowledge that I am assuming certain responsibilities and expect to be held accountable for what I do and how I behave. As a member of the Hospice team, I pledge to:

1. Always act for the good of the Hospice by understanding and supporting the mission, purpose, goals and activities; by attending meetings and events; by using personal expertise, skills and experience to benefit Hospice; and, by speaking positively about the organization, the Board of Directors, and the CEO both within and outside its walls.
2. Take to my work an attitude of open-mindedness and respect for others. I realize I have unique talents and gifts, which I can use to enrich the organization. I will work at being an active member of the Hospice team and will value my own contributions as well as the contributions of others. I will act responsibly and work in good faith with respect and integrity towards the achievements of the Hospice mission and goals. I will abide by the Respectful Workplace Policy.
3. Come prepared to discuss the issues and make positive recommendations regarding the business to be addressed at scheduled meetings, having read the agenda and all relevant background material made available to me prior to the meeting. I will obey Hospice meeting guidelines and parliamentary procedures and display courteous conduct in all meetings and in communication with other volunteers, staff and supporters.
4. Listen carefully to and respect the opinions of peers, volunteers, staff and supporters at all times and to leave my personal prejudices out of all organizational discussions. I understand that Hospice work is not to change people, but to be with them where they are. I will not bring personal agendas or missions to my Hospice work. I believe in the purpose and mission of Hospice and will act respectfully, responsibly and prudently as its steward.
5. Abide by the direction and decisions of the CEO, my manager and the Board of Directors and support in a positive manner all actions/decisions made by them. I will refrain from “speaking out of school” and/or speaking negatively regarding decisions made by the CEO, management and Board of Directors of the organization.
6. Bring concerns and recommendations forward directly to my manager and/or the CEO soon as an issue arises. Issues will be presented with fairness and on a factual basis. I commit to working with the Volunteer Coordinator, Manager and the CEO to mutually resolve all issues in an effective manner.
7. Avoid conflicts of interest between my position as a staff and my personal life. There is a conflict when a staff’s interest or potential for personal or financial gain in a business, corporation or other organization conflicts with their duty to act in the best interest of Hospice.

If such a conflict arises whether an actual conflict, potential conflict or the appearance of conflict, I will declare that conflict to the executive director and remove myself from discussions and not attempt to influence the outcomes of the decision-making on matters in which I have a conflict.

- 8. Hold all business information gained in any way as confidential unless specific permission is given to release the information, or unless the information is public knowledge and to seek the direction of my manager and/or the CEO if uncertain about whether information may be discussed.
- 9. I understand that in the performance of my duties as a patient/family volunteer of Hospice, I must hold personal and medical information regarding Hospice patients and families confidential. The sharing of such information will be strictly between Hospice staff, assigned volunteers and members of the health-care team directly involved in the patient’s care. Such discussion will occur only in pursuit of quality end-of-life care and support. I understand that intentional or involuntary disclosure of confidential information and/or failure to follow approved Hospice policies and procedures may result in my immediate termination as a volunteer.
- 10. Read the General Health & Safety Policy and Rules, work safely while at Hospice and cooperate with staff to make health and safety a priority and limit workplace hazards and risks.
- 11. Donate a minimum of 50 hours per year to Hospice and submit my time sheet to my manager by November 1st of each year.**
- 12. Resign my position as a volunteer, for any reason, I find myself unable to carry out the above duties to the best of my abilities.

Volunteer Pledge

- I understand the performance expectations of this volunteer support position and I agree to carry out the duties and responsibilities to the best of my ability and abide by the terms and spirit of this document.
- I understand that the volunteer duties may change as the needs of Hospice change.
- I agree to resign my position as a volunteer if for any reason I find myself unable to carry out the above duties to the best of my abilities.
- I understand that I can and will be removed as a volunteer for breaching this code of conduct and/or negatively interfering with the operations or reputation of Hospice and I agree to the following procedure for disciplinary action and/or removal from Hospice.
 - ✓ A verbal discussion will be held between the volunteer and the Supervisor to review the inappropriate behavior and identify areas for immediate and ongoing improvement.
 - ✓ A written report of the incident will be filed in the Volunteer’s file and reported to the CEO.
 - ✓ Should the inappropriate behavior continue after the verbal discussion, the volunteer may be advised that they are no longer required at Hospice;
 - ✓ Deviation from this progression may be necessary under certain circumstances. Either Hospice or the volunteer may end the relationship at any time as deemed necessary by either party.

Name (print): _____

Signature: _____ Date: _____