

# In My Home Hospice Volunteer Application



Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_  
Street Apt# City State Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Emergency Contact

In case of an emergency, notify: \_\_\_\_\_  
Name Telephone

Have you ever been convicted of a crime? \_\_\_\_\_

If yes, please provide a brief explanation: \_\_\_\_\_

\_\_\_\_\_

Do you have a current CPR and First Aid certification? \_\_\_\_\_

Do you currently hold any certifications or licenses? \_\_\_\_\_

Have you ever had a TB skin test? \_\_\_\_\_

If yes, what was the most recent date and result: \_\_\_\_\_

Are you currently a college student? \_\_\_\_\_  
Name of School: \_\_\_\_\_ Major: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_  
Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ Did you serve on active duty? \_\_\_\_\_  
Service Branch: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any information that you would like for us to know about you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your availability for volunteering? \_\_\_\_\_

How many miles, within or near your zip code, are you willing to travel for volunteer opportunities? \_\_\_\_\_ Other areas? \_\_\_\_\_

Skills and Special Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any limitations that would interfere with your volunteering? \_\_\_\_\_  
\_\_\_\_\_

Do you have any pet allergies or unwilling to work in homes where there are pets? \_\_\_\_\_  
\_\_\_\_\_

Do you have access to transportation? \_\_\_\_\_

Do you know a language other than English? \_\_\_\_\_

How did you hear about our hospice program? \_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from this volunteer experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your thoughts and feelings about death?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a caregiver, or accompanied someone who was dying? If so, please explain briefly:

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## **Statement of Commitment**

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The act of volunteering means a commitment to our hospice program. You will be promising to do a specific work, and your agreement to do this without compensation will not change the fact that our staff and patients will be depending on you.

- I affirm that I have read and agree to and abide by the above statement.
- I have read the Volunteer Job Description and feel that I can complete all requirements and uphold the expectations set forth in the responsibilities.
- I understand that an interview and attendance at the orientation program is required of every applicant.
- I understand that I will have to obtain a criminal background screening and a TB skin test, at not cost through Aegis Hospice. I also am required to obtain current CPR and First Aid certification at my own costs, within 30 days of my start date.
- I understand that I am required by Medicare and CHAPs to submit a copy of my driver's license, car registration, and car insurance. If these expire during my volunteer time, I will provide the office with an updated and current copy.
- I understand that volunteer placement within hospice takes into consideration both the immediate needs of Aegis and the interest, skills, availability of the applicant.
- I certify 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 to be made concerning my character, volunteer service, and public records for the purpose of determining my suitability as a volunteer.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please return completed applications  
to: In My Home Hospice Care  
1204 E Baseline Rd #101  
Tempe, AZ. 85283  
P: 480-590-6556  
F: 888-524-5507

For more information, please contact:  
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