

VOLUNTEER APPLICATION

Non-Discrimination Policy: Committed to the principle of equal opportunity employment. We do not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

Please print or type all information except signature.

Last Name	First Name	Middle	Date of Birth:	
Address	Street	City	State	Zip code
Telephone Number(s)		Email		Social Security Number

Have you ever been a Volunteer with us before? Yes No If yes, give date _____

Do you have access to transportation? Yes No

How far are you willing to travel? _____

Are you currently employed? Yes No If yes, Occupation: _____

What date would you be available to start? _____

Availability: Days Evenings Nights Weekends

Identified areas of interest:

Patient/ Family Care: Patient *Companion* Visits Bereavement Letter writing/Memoirs
 Massage Therapy* Hair Care* Reiki* Other Alternative Therapies*

Celebrations Party Program *Veteran Connections* Program *Meaningful Melodies* Music Program

*Requires a professional certification or license to perform

Non-Patient Services: Office/ Clerical Bereavement Mailings Phone Calls

Data Entry Admission Packet preparation and assembly *Quilted Comforts*

How did you learn about Pacific Point's Volunteer Opportunities?

Online Ad Friend/Relative Community Flyer Social Media

Other _____

References: Please list 3 individuals you have known for at least one year

Name	Phone Number	Relationship	Years Known

EDUCATION/ EXPERIENCE/ SPECIAL TRAINING

What education, qualities, skills, talents, knowledge, or experiences do you feel you can incorporate into your volunteer work?

SPECIAL TRAINING

EXPERIENCE

EDUCATION

Do you know any other languages other than English? Yes No

Language: _____

Speak Read Write

Language: _____

Speak Read Write

Have you ever served in the Military? Yes No If Yes, What branch? _____

Why do you want to be a Volunteer?

Are you familiar with the concept of Hospice End-of-Life Care? Yes No If YES, please describe briefly:

Have you ever provided care to anyone who was actively dying? Yes No If YES, please describe briefly:

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A TUBERCULOSIS SCREENING

I hereby certify that I will disclose any limitations I have that may impact my ability to do the essential functions of the job. I further understand as a Health care Volunteer I will be required to undergo a two-step Tuberculin skin testing by a PPD test or chest x-ray.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Department of Social and Health Services (DSHS), to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of volunteering. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been onboarded.

Name & Signature of Volunteer

Date

Representative of Agency

Date