

Scott's House, Inc.

Volunteer Application

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_

Do you have any professional or volunteer experiences with a hospice patient?

\_\_\_\_\_. If so, what: \_\_\_\_\_

Do you have any professional or volunteer caregiving experiences? \_\_\_\_\_. If so, what: \_\_\_\_\_

Have you ever participated in a hospice care volunteer training? \_\_\_\_\_

Do you have any health issues? \_\_\_\_\_

In your own words, state your understanding of ethical responsibilities regarding your work with health services clients. \_\_\_\_\_

\_\_\_\_\_.

Indicate the time commitment you feel you can make to your volunteer activity.

\_\_\_\_\_

List your history of volunteer participation, giving the following for each and all involvements: (Add supplemental pages to provide this information)

Agency or organization where you served: \_\_\_\_\_

Type of service you performed and level of your responsibility (individual volunteer, volunteer team leader, supervisor, etc.):

\_\_\_\_\_

Length of involvement (# of months, etc.) and frequency of involvement (# times per month, etc. ) \_\_\_\_\_

Provide a reference person that we can contact regarding your volunteer activity in that organization.

I hereby authorize Scott's House, Inc. to check my references and do a FBI criminal background check:

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Volunteer Applicant                      Date