



CROSSROADS HOSPICE VOLUNTEER APPLICATION

Please indicate which hospice office (area) you would like to volunteer.

Akron/Canton _____ Atlanta _____ Cincinnati _____ Cleveland Dayton _____
Kansas City, Missouri _____ Memphis _____ Oklahoma City _____ Philadelphia _____
St Louis _____ Kansas City, KS /Lenexa Kansas _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Employer (if applicable): _____ Occupation: _____

Can you receive calls at work (please check one) Yes: _____ No: _____

Person to be notified in an emergency: Name: _____

Phone #: () _____ Relationship to you: _____

Education completed: _____

Do you have any professional licenses or certifications? (Please list) _____

Specialized Training (please list any training or experience relevant to hospice work): _____

Other special skills or services (art, music, foreign languages, hairdresser, massage therapist, manicurist, certified pet therapy, etc.) _____

List any office machines or special equipment you can use: _____

List any hobbies, interests or memberships in any organizations, clubs, society or professional group that may have a direct bearing on your volunteer service (you may omit those that indicate your race, creed, color, national origin, ancestry, gender, sexual orientation, physical/mental impairment or medical condition)

Volunteer History/Experience: _____

Why do you want to become a hospice volunteer? _____

Do you have access to transportation? Yes: _____ **No:** _____

Are you willing to be considered for out-of-town matches? Yes: _____ **No:** _____

DEATH AND DYING AWARENESS

Have you ever been with someone at the time of death? Yes: _____ No: _____

If yes, please briefly describe:

Have you ever provided care to anyone who was dying? Yes: _____ No: _____

Please list significant losses that have occurred in your life and your age at the time of each.

Have you experienced the loss of a close family member in the past year? Yes: _____ No: _____

In regards to volunteering for Crossroads, please mark areas of interest:

PATIENT/FAMILY CARE

Companionship: _____ Alternative therapies: (*pet, music, art, etc*): _____ Respite: _____

Journaling: _____ Video Diary: _____ Veteran Recognition: _____

Social Media: (Facebook, Twitter, email): _____

Are you willing to visit patients in: Patient Home: _____ Nursing Home: _____ Hospital: _____

BEREAVEMENT

Bereavement Calls: _____ Support Group Co-Facilitator: _____ Letter writing: _____

NON-PATIENT CARE ACTIVITIES

Clerical: _____ Mailings: _____ Office work: _____ Events: _____

Social Media: (Facebook, Twitter, email): _____ Crossroads Hospice Gift of a Day events: _____

Other: (describe) _____

AVAILABILITY

How many hours can you commit to volunteer? _____ per week _____ Per month

Can you commit to attend /receive volunteer training? Yes: _____ No: _____

Please describe your availability for volunteer service:

Mornings: _____ Afternoons: _____ Evenings: _____ Weekends: _____

Weekdays: _____ Holidays: _____

FREQUENCY

Once a week: _____ Twice a month: _____ Once a month: _____ Other: _____

Have you ever been convicted of a felony? Yes: _____ No: _____

(Please note that a background check is required)

Thank you for your interest in volunteering for Crossroads Hospice! Please read, and sign below.

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer for Crossroads Hospice, I realize that I am subject to a code of ethics similar to that which binds the professional in the field of hospice. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I UNDERSTAND THAT ANY INFORMATION THAT IS DISCLOSED TO ME WHILE ASSISTING THE HOSPICE IS STRICTLY CONFIDENTIAL.

I interpret "volunteer" to mean that I have agreed to work without compensation in money but having been accept as a volunteer, I expect to do my work according to standards set forth in the Crossroads Hospice Volunteer Policies and Procedures.

DECLARATION

I certify that the information I provided in this Hospice Volunteer Application is true and complete to the best of my knowledge. I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I affirm to have read the Code of Ethics for Volunteers and agree to abide by its regulations. I agree to respect the confidentiality of any patient/family/employee information I may acquire in the course of my volunteer activities.

Applicant Signature

Date

Once this application is received, you will receive an acknowledgment either via letter, email, or telephone call and will be contacted by phone to schedule an interview.

Revised 02/25/13

Crossroads Hospice
Volunteer Reference Request

Name of volunteer applicant: _____

I, the undersigned, authorize Crossroads Hospice to obtain volunteer reference information regarding my ability to function as a volunteer regarding my employment history, from the company/person listed below. I release the listed organization company / person from all liability.

Date of authorization: _____

Applicant's Signature: _____

Name of Reference (organization/company/person) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Fax Number (_____) _____

CONFIDENTIAL INFORMATION

Crossroads Hospice strives to ensure safe and competent hiring practices for volunteers. Due to the unique issues encountered in the field of hospice, your cooperation and honesty in completing this questionnaire would be greatly appreciated. The signature above attests to the authorization of the volunteer applicant releasing you from any/all liability in providing the requested information.

Dates of employment or Time known: _____ to _____

Applicant's previous position / title/relationship _____

Please rate the applicant using the following categories using the numeric scale below.

KEY: 1 through 5 1=unsatisfactory 2=below average, 3=average, 4=above average, 5=superior.

Dependability: _____

Leadership Skills: _____

Communication Skills: _____

Team Working Skills: _____

Personality: _____

Problem Solving Skills: _____

Flexibility: _____

Commitment Level: _____

Compassion Level: _____

Ability To Function Independently: _____

How do you feel this person would benefit our agency/patients/families as a volunteer?

Additional Comments: _____

Today's Date _____

Name of person providing information: _____

Crossroads Hospice personnel only

Reference performed via: Phone Mail Fax In person

Signature of Hospice Personnel: _____

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**BACKGROUND INVESTIGATION WAIVER FOR EMPLOYEES & VOLUNTEERS
(Excluding the State of Oklahoma)**

I, _____ (employee/volunteer name) do hereby give full and complete permission to: Crossroads Hospice, its parent company, related entities, or its designee, to conduct a full and complete background investigation including, but not limited to, (a) Information concerning my work history, including my working relationship with my present employer; including information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers; (b) My educational background and verification of any/all degrees obtained; (c) Information forthcoming from any and all criminal background checks with local, state, federal and other agencies regarding any and all convictions for criminal activities and/or civil and other experiences as well as claims involving me in the files of insurance companies; (d) Information regarding my driving record from all states which have authorized me to operate a motor vehicle on public highways; (e) Information concerning my consumer credit rating.

I certify that all the answers given on my application and statements made by me are true and complete to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations in my application may result in rejection of my application or discharge at any time during my employment.

I authorize the companies, schools, persons and others named as references to furnish Crossroads Hospice or its designee, with any information they may have regarding me, and agree they shall not be liable in any respect should my employment be terminated because of misrepresentation or omission of material facts in my application.

I understand that any offer of employment is contingent upon satisfactory results of a medical exam, (as pertaining to job and/or duty requirements), alcohol and/or drug test and the signing of certain employment agreements relating to proprietary information trade secrets, non-competition and the assignments of inventions. I understand employees may be randomly tested for alcohol, and drugs including but may not be limited to, marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP), upon request from management.

I hereby state that I release forever, fully and completely, all companies and/or individuals who may supply said information or those receiving or seeking it, (including but not limited to company officers, officials, employees or investigators), from all liability, both civil and criminal in past, present or future litigation or actions that could or may arise from said background investigation(s).

I authorize, without reservation, any party or agency contacted by Crossroads Hospice, its parent company, related entities, or its designee, to furnish the above mentioned information. This authorization is given of my own free will, without any threats, promises, offers or reward

Expect more from us. We do.



BACKGROUND INVESTIGATION WAIVER FOR EMPLOYEES & VOLUNTEERS
(Excluding the State of Oklahoma)

of inducement given to or against me by anyone. I understand that this waiver and the information received will be made a permanent part of my personnel file.

PRINT COMPLETE LEGAL NAME (Include Jr., Sr., I, II, etc.)

FIRST NAME MIDDLE NAME LAST NAME SUFFIX *(If Applicable)*

X _____
SIGNATURE OF PERSON GIVING RELEASE (FORM MUST BE SIGNED)

Social Security Number

Date of Birth

Current Address- including P.O. Box *(if applicable)* & Physical Address City State Zip

Driver's License # / Date Issued / State Issued / Expiration Date

Expect more from us. We do.