

Volunteer Application

(Please Print)

Identification

Name:			
Address:			
City, State, Zip:		Main Phone:	
Email:			
Other Phone (Cell):		Birth Date:	

Education/Special Training

Work/Volunteer Experience

Military

Branch:			
Years:		Title:	

Volunteer Areas of Interest

Patient/Family Care	Bereavement Support	Non-Patient Services
<input type="checkbox"/> In Home Companion <input type="checkbox"/> Nursing Home Companion <input type="checkbox"/> Vigil <input type="checkbox"/> Veterans Program <input type="checkbox"/> Pet Therapy (Puppy Love) <input type="checkbox"/> Spiritual Support <input type="checkbox"/> Special Talents (Music, Art, etc.) <input type="checkbox"/> Yard Work	<input type="checkbox"/> Grief Support Companion <input type="checkbox"/> Children's Grief Camp <input type="checkbox"/> Telephone Contact <input type="checkbox"/> Children's Grief Groups <input type="checkbox"/> Adult Grief Groups	<input type="checkbox"/> Thrift Shoppe <input type="checkbox"/> Front Desk Greeter <input type="checkbox"/> Administrative Support <input type="checkbox"/> Fund raising/ Events <input type="checkbox"/> Courier <input type="checkbox"/> Hand-Made Items/Patient Crafts <input type="checkbox"/> Welcome Baskets/Balloon Bouquets <input type="checkbox"/> Gardening Volunteer

Emergency Contact Information

Name:			
Address:			
City, State, Zip:		Phone:	
Relationship:			

Miscellaneous

How did you hear about us? : <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Church/Faith Community <input type="checkbox"/> Community Presentation <input type="checkbox"/> Media (specify): _____ <input type="checkbox"/> Other (specify): _____
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Miscellaneous Continued	YES	NO
1. Have you experienced any deaths in your family or a close loved one in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever provided care to someone who is dying?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been with someone at the time of their death?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you over 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been an Ohio resident for the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a felony or plead guilty to any felonies?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:		
<i>(A conviction does not necessarily disqualify a candidate from volunteering.)</i>		

References

Please provide the names of three references unrelated to you:

Name:		Email:	
Address:			
City, State, Zip:		Phone:	
Name:		Email:	
Address:			
City, State, Zip:		Phone:	
Name:		Email:	
Address:			
City, State, Zip:		Phone:	

Non-Discrimination Statement:

Hospice of North Central Ohio, Inc. (HNCO) does not exclude, deny benefits to, or otherwise discriminate against any person on grounds of race, color, national origin, disability, sex, sexual orientation (including gender identity), religion, creed, age in admission to, participation in, or receipt of services/benefits under any of its programs (including health) and activities, and in staff/employee assignments to anyone/patients, whether carried out by HNCO directly, through contractor or any entity that HNCO arranges to carry out its programs/activities.

I understand that if I should become a volunteer with Hospice of North Central Ohio, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information required.

Signature:	Date:

Please mail completed form to:	<p>Ashland/Richland Counties Hospice of North Central Ohio, Attn: Volunteer Services 1050 Dauch Drive, Ashland, OH 44805</p> <p>Knox County Hospice of Knox County, Attn: Volunteer Services 17700 Coshocton Road, Mount Vernon, Ohio 43050</p>
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