



HOSPICE OF THE WESTERN RESERVE

Date: _____

THRIFT SHOP VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Hospice of the Western Reserve at What Goes 'Round Thrift Shop. Please complete the following information and return to What Goes 'Round. If you have questions please call 419-522-2890.

IDENTIFICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone #: _____

Email: _____

Social Security #: _____ Date of Birth: _____

EMPLOYMENT

Presently: (Circle One) Full Time Part Time Retired

Name of Employer: _____

Job Title: _____

Duties: _____

If Retired, former occupation: _____

VOLUNTEER EXPERIENCE

Organization: _____

Briefly Describe Duties: _____

Dates of Service: _____

HEALTH INFORMATION

Do you have any physical restrictions that might affect your placement (such as bad back, hearing, vision issues, allergies, etc.)?

REFERRAL SOURCE

(Circle One) Word of Mouth Community Presentation Newspaper

Other (Please specify): _____

TIME AVAILABILITY: What days of the week are best for you to volunteer?

(Circle all that apply)

Monday	9:30AM-1:00PM	1:00PM-4:00PM
Tuesday	9:30AM-1:00PM	1:00PM-4:00PM
Wednesday	9:30AM-1:00PM	1:00PM-4:00PM
Thursday	9:30AM-1:00PM	1:00PM-4:00PM
Friday	9:30AM-1:00PM	1:00PM-4:00PM
Saturday	9:30AM-2:00PM	

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Main Phone#: _____

MISCELLANEOUS

- | | | |
|---|-----|----|
| 1. Are you over 18 years of age? (Circle one) | Yes | No |
| 2. Have you been an Ohio resident for the past 5 years? (Circle one) | Yes | No |
| 3. Have you ever been convicted of a felony or plead guilty to any felonies? (Circle one) | Yes | No |

(A conviction does not necessarily disqualify a candidate from volunteering. All circumstances will be considered.)

CONFIDENTIALITY AND PRIVACY RECEIPT

- I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except: 1) as mandated by law; 2) to prevent a clear and immediate danger to a person or persons; 3) where I am compelled to do so by a court or pursuant to the rules of a court.
- I shall store or dispose of professional records in ways that maintain confidentiality.
- I shall possess a professional attitude which upholds confidentiality toward the people we serve, colleagues, applicants, and any sensitive situations arising within Hospice of the Western Reserve.
- I, upon my termination, shall maintain client and co-worker confidentiality and I shall hold confidential any information about sensitive situations within Hospice of the Western Reserve.
- I understand that violation of this confidentiality statement may be grounds for immediate dismissal.
- I shall adhere to the practices as stated in the Notice of Privacy Practices.

I understand that if I should become a volunteer with Hospice of the Western Reserve, 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: _____

Witness Signature: _____ Date: _____

Please return completed application to: **Store Manager**, What Goes 'Round Thrift Shop, 419-522-2890
115 North Main Street, Mansfield, OH 44902