



Volunteer Application

We are grateful for your interest in volunteering with Acacia Hospice. The following information will help us understand your abilities and interests and enable us to match your skills, experience, and availability in accordance with the current needs of our patients and their families. If you have any questions, please contact the volunteer coordinator at 609.589.4072 or ewolf@njmasonic.org. Thank you for choosing us!

Please Print

Name of Applicant _____ Birthdate (*for birthday card list only*) _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Email _____

Employment Status: Full-time Part-time Retired/Not Working Student

Availability for Volunteering: Days Evenings Weekends Other _____

Person to be notified in an emergency:

Name & Relationship to Applicant _____ Phone _____

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Occupation/Work Experience _____

Education/Special Training _____

Two Personal References (excluding family members)

Name _____ Phone _____

E-mail _____ Alternate Phone _____

Name _____ Phone _____

E-mail _____ Alternate Phone _____

Please Identify Areas of Interest (*check as many as apply*):

Patient/Family Care

- In Home
- In Nursing Home/Care Facility
- 11th Hour/Vigil
- Bereavement Support
- Veteran to Veteran
- Pet Therapy (*requires certified pet*)
- Music Therapy
- Complimentary Therapies

Non-Patient Services

- Clerical
- Mailings
- Data Entry
- Events
- Marketing/Outreach
- Fundraising
- Committees
- Sewing/Knitting/Crocheting Blankets

How did you hear about our hospice volunteer program? _____

Why do you want to be a hospice volunteer? _____

What qualities (skills, talents, knowledge, and experience) would you like to incorporate into your hospice volunteer work?

Death & Dying

Have you lost a loved one within the past year? Yes No

Acacia Hospice requests that anyone who has experienced the death of a loved one within the past year wait twelve months past the death before offering their service to the hospice in order to allow time for your own healing process.

What are your thoughts and feelings about death? _____

Do you have any personal/family experience with hospice care or have you ever provided care to anyone who was dying? _____

Have you ever been present with someone at the time of their death? Yes No

If yes, please describe your experience: _____

When thinking of your own death, what words best describe your feelings? (*check all that apply*)

- I do not think about my own death sorrowful natural frightening painful lonely
 joyful heavy peaceful dark Other _____

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Code of Ethics for Volunteers

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the profession in the field in which I work. 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 confidential.

I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth during the volunteer training and spelled out in the Volunteer Policies and Procedures.

Declaration

I hereby certify that I have not been convicted and/or found guilty of client abuse, neglect, or mistreatment or misappropriation of patient property in this state or any other state. I also certify that I am not listed in any resident or client abuse registries in this state or any other state. I understand that any volunteer placement initiated by Acacia Hospice is conditional upon verification of information provided by the state patient abuse registry and that a listing on such a registry in this or any other state will automatically disqualify applicants from participating in the Acacia Hospice volunteer program.

I understand that Acacia Hospice requires a thorough background investigation for all potential volunteers. This investigation is limited to only that information required to determine fitness for volunteering and may include but is not limited to a criminal background investigation. By affixing my signature to this document, I agree to hold harmless any previous employer, agent of that corporation or any individual or organization providing information pursuant to the Authorization.

Applicant Signature _____ Date _____

Please return this form to Elizabeth Wolf, Volunteer Coordinator

email: ewolf@njmasonic.org **fax:** 609.589.4034 **mail/in person:** 902 Jacksonville Road, Burlington NJ 08016