



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 609.864.1614 or dverguldi@njmasonic.org.

Please Print

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

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Other Phone _____

Employment Status _____ Occupation _____

Person to be notified in an emergency:

Name & Relationship to Applicant _____ Phone _____

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Education/Special Training

Work Experience (attach Resume, if desired)

Two Personal References (excluding family members)

Name _____ Phone _____

E-mail _____ Alternate Phone _____

Name _____ Phone _____

E-mail _____ Alternate Phone _____

Identified Areas of Interest (*check all that apply*):**Patient/Family Care**

- In Home
- In Nursing Home/Care Facility
- 11th Hour/Vigil
- Bereavement Support
- Veteran Care
- Pet Therapy
- Music Therapy
- Specialty Therapies (Reiki, Massage, etc.)
- Patient Companionship/Socialization
- Art Therapy
- Reading/Letter Writing
- Recreational Activity Assistance
- Meal/Feeding Assistance
- Religious Support

Non-Patient Services

- Clerical
- Mailings
- Data Entry
- Events
- Marketing/Outreach
- Fundraising
- Committees
- Office Organization

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 with someone at the time of their death? Yes No

If yes, please describe briefly: _____

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

I do not think about my own death sorrowful natural frightening painful lonely joyful

heavy peaceful dark Other: _____



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 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 misappropriate of patient property in this state of any state and that I am not listed in any resident or client abuse registry in this state of in any other state. I understand that any offer to become a volunteer by Masonic Hospice is conditional upon verification of this information with the state patient abuse registry and that a listing on such a registry or registries of any other state may act as an automatic withdrawal of any such offer to become a volunteer.

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 nay individual or organization providing information pursuant to the Authorization.

Applicant Signature _____ Date _____