



# HOSPICE VOLUNTEER APPLICATION

## Email or Mail Completed Application to:

**Email:** sarahro@kansasvna.org

**Mail:** Visiting Nurses  
c/o Hospice Volunteer Coor.  
200 Maine, Suite C  
Lawrence, KS 66044

Questions or to Schedule an Interview:

**785-843-3738**

Ask for Hospice Volunteer Coordinator

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Number & Street City State Zip

Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

### Available to volunteer which of these: circle all that apply

Full Year    Only the School Year    Only During the Summer    Other \_\_\_\_\_

Weekdays: Morning, Afternoon and/or Evening Hours    Weekends : Saturdays and/or Sundays

**Automobile available for transportation?**     Yes     No

*Driver's License and Proof of Auto Insurance will be requested at time of interview and copied for your file.*

### Type of volunteer service(s) you would like to perform: circle all that apply

Patient Companion    Office Support    Music    Hair Cuts    Massage

Outdoor or Handy Help    Meal Delivery    Weekend Patient Visits at a Care Facility

Other \_\_\_\_\_

## EMPLOYMENT HISTORY OR ATTACH RESUME

**Current Employer** (if presently employed) \_\_\_\_\_

**Position** \_\_\_\_\_ **Name Supervisor** \_\_\_\_\_

**Contact number** \_\_\_\_\_

**Past Employer** (within last 2 years) \_\_\_\_\_

**Position** \_\_\_\_\_ **Name Supervisor** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

## VOLUNTEER EXPERIENCE

**Organization** \_\_\_\_\_ **Time of Service** \_\_\_\_\_

**Position** \_\_\_\_\_ **Name Supervisor** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**Organization** \_\_\_\_\_ **Time of Service** \_\_\_\_\_

**Position** \_\_\_\_\_ **Name Supervisor** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

## EDUCATION

**Highest level of education (circle):** High School   GED   College   Other

Other Certificates/Training \_\_\_\_\_

## REFERENCES

- Please list **three references** we may contact,
- List persons who have **known you for at least one year**
- **Do not use people you are related to or whom you live with.**

\* If available: **please use one job supervisor or volunteer coordinator reference**

Name	Relationship	E-mail (preferred)	Phone

**Do we have permission to contact the individuals, employers or volunteer organizations listed above?**

Yes  No If no, please explain (on back)

**Did you complete this application yourself?**  Yes  No If not, who did? \_\_\_\_\_

**Before Applying:** Please take time to become familiar with our agency by reviewing our webpage.

Make sure to look at all the information related to our Hospice program by clicking the Hospice tab.

**[www.kansasvna.org](http://www.kansasvna.org)**

**After Applying,** You will be contacted about scheduling an interview. *Thank You*

I authorize the Visiting Nurses to investigate any or all statements contained in this application and to obtain information concerning my qualifications as a prospective volunteer. I authorize my former employers and references listed to make full response to any inquiries made by designated staff members of VNA concerning my previous employment, and my work performance/volunteer experience. I release all such persons and entities from all liability with respect to providing such information to VNA.

I understand that should I be accepted as a volunteer, I will fully adhere to the policies, rules and regulations of the Visiting Nurses. I understand that the Visiting Nurses requires a criminal background check for all volunteers.

I certify that the information contained in this application is true, complete and correct to the best of my knowledge and that any misstatements or omissions in this application may result in VNA's refusal to allow me to work as a volunteer.

\_\_\_\_\_  
Signature / Date

