CMH Community Hospice

300 East Ferrell Street

South Hill, VA 23970

434-447-0831

**Hospice Volunteer Application**

*Please print clearly*

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate (for birthday card list only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Area of Interest: \_\_\_\_ Mecklenburg County \_\_\_\_ Brunswick County \_\_\_Lunenburg County \_\_\_\_ Nottoway County**

**Assignment Preference: Patient/Family Care: \_\_\_\_ Bereavement: \_\_\_\_ Office: \_\_\_\_\_ Special Event:\_\_\_\_\_ Fundraising:\_\_\_\_**

**When are you Available? Daytime \_\_\_\_\_\_\_\_\_\_\_\_ Evenings \_\_\_\_\_\_\_\_\_\_\_ Weekends \_\_\_\_\_\_\_\_\_\_\_\_\_Overnight \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently in school? No \_\_\_\_ Yes: Full time \_\_\_\_\_\_\_\_\_\_\_\_ Part time \_\_\_\_\_\_\_\_\_\_ Field of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently employed? No \_\_\_\_ Yes: Full time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Part time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, Job Responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Training/Office Skills/Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Education or Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_

**Do you know a language other than English? No\_\_\_ Yes\_\_\_\_ Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you done any Volunteer Work? No \_\_\_Yes: Current \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specify Special Skills/Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear of this volunteer opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you experienced any deaths in your family or of those close to you? No\_\_\_\_\_ Yes\_\_\_\_**

**Please specify your relationship to the person(s) and when they died:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What do you hope to be your experience with volunteering with the CMH Hospice Volunteer Program?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*As part of our commitment to quality and excellence, CMH Community Hospice will continue to maintain a safe, healthy environment for you by requiring all applicants to submit to a criminal history check. In addition, applicants may be screened for ability to perform essential functions of some positions. In light of this, we request that you read and accept the following Consent Agreement and Disclosure Statement.*

*As an applicant, I hereby affirm that I have not ever been convicted of a felony, nor am I subject to pending criminal charges for any of the following offenses within or outside the Commonwealth of Virginia except as already noted on application. Criminal offenses include murder, abduction for immoral purposes, assault, battery, robbery, pandering, arson, crimes against nature involving children, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured*

*child, sexual assault, obscenity offenses, crimes against the person, crimes against property, crimes involving fraud, crimes involving health and safety, crimes involving morals and decency, abuse or neglect of an incapacitated adult, crimes related to healthcare, listed by any Federal agency as debarred, excluded or ineligible for participation in federally funded health programs.*

*I also understand that if I have been convicted of a barrier crime, I cannot work for CMH Community Hospice of Community Memorial Healthcenter. If I have been convicted of a health-care related crime or debarred, excluded or ineligible for participation in federally funded health programs, I understand that I am ineligible for employment with CMH Community Hospice.*

*I also understand that some positions require an ability to meet physical demands that serve as the essential functions of the job. For these positions, I understand that I may be required to demonstrate that I can perform the essential functions of the job. Nothing herein creates either a contract or offer of employment.*

*I certify that statements provided on my application are true. I understand that false or incomplete statements herein or the omission of any requested information, or inaccurate information I have submitted are grounds for dismissal. I agree that a thorough examination of my employment except as it pertains to race, color, religion, national origin, sex, age or disability may be made and used relative to my employment. I authorize my former employers and any other persons or organizations to provide any*

*factual information they have about my employment and I release all concerned from any liability in connection therewith. I understand that employment with CMH Community Hospice or any of its subsidiaries is terminable at either the will of the employee or employer at any time. CMH Community Hospice is an equal opportunity employer.*

*I acknowledge that all the information I have provided CMH Community Hospice is correct.*

***The foregoing statements are, to the best of my knowledge, true and correct. The CMH Community Hospice Program has my permission to obtain the data needed to support this***

***application.***

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***An Equal Opportunity Employer CMH Community Hospice seeks to employ the best qualified personnel in all of its subsidiaries and will provide equal opportunity without regard to race, color, religion, national origin, sex, age or disability.***

**CMH Community Hospice shall reserve the right to deny appointment of prospective volunteers as a result of the application, interview and/or training process. For questions or concerns about becoming a CMH Hospice Volunteer, Please contact**

**our office at 434-447-0831.**