



St. Mary's Hospice Services
Attn: Volunteer Coordinator
1021 Jamestown Blvd.
Suite 215
Watkinsville, GA 30677

Hospice Volunteer Application

Applicant Information

Full Name: _____ **Preferred Name:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email (required):** _____

Birthdate (mm/dd/yyyy): _____ **Are you 18 years of age or older?** YES NO

Are you a veteran? YES NO **If yes, what branch?** _____

Do you know a language other than English? YES NO

Language(s): _____

Have you ever been convicted of a felony? YES NO

Have you ever been convicted of a misdemeanor? YES NO

Employment History – Occupation and Employer (current or previously retired from):

Emergency Contact

Full Name: _____ **Relationship:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

References: Please list 2 non-relative references

Full Name: _____ **Relationship:** _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

.....
Full Name: _____ **Relationship:** _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Areas of Interest

Please check the boxes below, indicating which type(s) of volunteer duties you would be interested in assisting with:

Direct Patient Care Activities In-Home– working directly with the patients and their families (may include patient visitation, caregiver respite, telephone contacts, errands, art, or music at the bedside with patients, companionship, transportation, bereavement activities, yard work, pet care, etc.)

Are you willing to be in a home where there is smoking? YES NO

Are you willing to be in a home where there are pets or animals? YES NO

Direct Patient Care Activities at the Hospice House– working directly with the patients and their families (may include patient visitation, errands, preparing meals, cleaning, and organizing the pantry or linen rooms, assisting with putting together admission packets, answering the telephone, checking in visitors, etc.)

Administrative Activities (may include typing, mailings, filing, phone support, copying, faxing, special projects, data entry, etc.)

Veteran Volunteers

Pet Therapy (requires certification and immunization records of therapy animal)

Massage Therapy (requires licensure within the State of Georgia)

Reiki

Other: _____ (may include yard work, sewing, vigil)

Experience

Please briefly summarize any applicable skills and qualifications you have acquired from employment, previous volunteer services, or through other activities, including hobbies.

What attracted you to volunteer with St. Mary's Hospice?

Disclaimer and Signature

I hereby declare that all the above statements are true and correct to the best of my knowledge. I hereby authorize St. Mary's Hospice Services to make any inquiries to determine my ability for volunteer services, with the understanding that any misrepresentation I make will be just and due cause for non-acceptance or dismissal as a volunteer. If qualified for volunteer service, I agree to abide by the rules and regulations of St. Mary's Hospice Services and I will respect the confidentiality of patient information at all times.

Agreement: By submitting this application, I agree that I understand that volunteer applicants of St. Mary's Hospice must fulfill all Volunteer Services requirements, including completion of application, interview, tuberculosis test, and proof of MMR if born in 1957 or later. I authorize St. Mary's Hospice to perform a criminal background check, and I release the Health System from any liability based on such releasees. If qualified for volunteer service, I agree to abide by the rules and regulations of St. Mary's Hospice, the policies and procedures of the volunteer program, and the departments to which I am assigned, and I will respect the confidentiality of patient information at all times. I also certify the application information is accurate and complete, and that St. Mary's Hospice may accept volunteers in its sole discretion and may release a volunteer at any time from serving the organization. *

Signature: _____ Date: _____

For more detailed inquiries, you may contact:

St. Mary's Hospice Services

1021 Jamestown Blvd.
Suite 215
Watkinsville, GA 30677

706.389.2273