

CAMP HEARTSTRINGS VOLUNTEER APPLICATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

E-mail Address _____

Employer _____ Occupation _____

Employer's Address _____

Can you be contacted at work? Yes _____ No _____

Person to be notified in case of an emergency:

Name _____ Phone () _____

Address _____ City _____ Zip _____

Education (circle highest grade completed) 9 10 11 12 College 1 2 3 4 Higher _____

Other education / enrichment _____

Special training / hobbies / office skills _____

Do you know a language other than English? Yes ___ No ___ Language _____

Two Personal References (*excluding family members*). Please provide a complete address, as references are verified by mail.

Name _____ Phone () _____

Address _____ City _____ Zip _____

Name _____ Phone () _____

Address _____ City _____ Zip _____

EXPERIENCE WITH CHILDREN:

Have you been trained in mandatory reporting? Yes _____ No _____ When? _____

Please provide a copy of your certification.

Volunteers must be vaccinated and boosted. Please plan to show proof.

Why do you want to be a Camp Heartstrings volunteer?

What qualities (*skills, knowledge, talents, or life experiences*) do you feel you can incorporate into your volunteering at Camp Heartstrings/Camp Dreams?

Do you have any physical limitations or health problems which may restrict your volunteer activities? _____

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 professional 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 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 the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. Visiting Nurse Hospice is committed to the safety and comfort of its patients and volunteers. Visiting Nurse Hospice therefore reserves the right to solicit information relative to your suitability for the volunteer position for which you are applying. This information will include a pre-placement physical examination including drug testing, driving record, record of felony convictions, and any other pertinent information.

I have read, understand and agree to the above statements and understand that willfully omitting or providing false information on this application may result in the disqualification of my application.

Applicant Signature

Date