

# CorsoCare Hospice Volunteer Application

Thank you for your interest in becoming a Hospice volunteer. The following information will provide us with a clear understanding of your abilities and interests and will help us to best channel your energies and capabilities. This information will prove most helpful in making volunteer assignments.

Date:

<b>General Information:</b> Name (Last, First, MI):		Are you over 18 years of age? Yes      No
Address (Street, City, State):		Home Phone:
Email Address:		Cell Phone:
Employer, If Applicable (Employer Name, City, State):		Employer Phone:
Occupation:	Position:	Working Hours:
Briefly describe the work you do:		
Have you ever worked for Common Sail Investment Group (CSIG), or any of their businesses?    Yes    No If yes, please provide details:		
Have you ever volunteered with CorsoCare before?    Yes    No If yes, please provide details:		
Total number of hours per week you could be available for hospice volunteering: Daytime:    Evenings: Weekends:    Other:		
Education: (List those items which you believe could be helpful to you in hospice, i.e. schooling, work, lay experience, office skills, arts and crafts).		
Date:	Type of Experience:	
<b>Personal Information:</b>		
Have you done any previous volunteer work?		
How did you hear about CorsoCare Hospice?		
Why do you wish to volunteer for CorsoCare Hospice?		

<b>Personal Information (cont'd):</b>	
Have you had experience with terminally ill people?    Yes    No If yes, please explain:	
Do you speak a foreign language?    Yes    No    If so, which?	
Please list any professional licenses/certifications you currently hold:	
Do you have transportation for your hospice volunteer work?    Yes    No	
What strengths do you bring to Corsocare Hospice?	
<b>Areas of Interest:</b> <b>Patient Related Volunteer Services:</b> Relieve Primary Caregiver    Shopping Transportation    Bathing/Dressing Support Meal Preparation    Feeding Writing Letters    Bereavement Homemaking Chores    Light Yard Work Companionship    Music Therapy Visits Pet Therapy Visits	<b>Non-Direct Patient Related Services:</b> Hospice Office Work    Supply Management Mass Mailings    Tuck-in Calls Fundraising    Event Planning/Organization Host/Hostess Work    Sewing Telephone Work Writing Letters Arts and Crafts
1. Have you ever been convicted and/or been found by a court of competent jurisdiction or a state agency of abusing, neglecting, or mistreating patients or of misappropriating patients property in this state or in any other state? If so, please describe the offense, the date and place of the conviction, and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer. Yes    No 2. Have you ever been sanctioned by a healthcare licensing agency in this or another state or in any other United States or foreign jurisdiction? If so, please identify the nature and the date of the action, the licensing agency involved, and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer. Yes    No	
<b>References:</b>	
Please provide two (2) character references for us to contact regarding your fitness to be a hospice volunteer.	
Reference #1:	
Name:	Relationship:
Phone Number:	E-Mail Address:
Reference #2:	
Name:	Relationship:
Phone Number:	E-Mail Address:
<p>"I hereby certify that I have not been convicted and/or found guilty of patient abuse, neglect, mistreatment, or misappropriation of patient property in this state or in any state and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer to become a volunteer by CorsoCare 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."</p> <p>"I understand that CorsoCare 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: past employment history verification, job performance, disciplinary record, financial/credit history, and a criminal background investigation. By affixing my signature to this document I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization."</p>	
Signature of Applicant:	Date: