



11639 South 700 East Suite 100 Draper, UT 84020  
5742 S. Adams Ave. Pkwy Ste C Ogden, UT 84405  
165 East 1400 North Suite B Logan, UT 84341  
Salt Lake 801-576-1455 Utah County 801-812-3577 Ogden 801- 621-6642 Logan 435-755-6112

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (home) \_\_\_\_\_

(work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do we have your permission to contact you at your work number?  Yes  No

Education and work experience summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ FT: \_\_\_\_\_ PT: \_\_\_\_\_

Please indicate any special interests or hobbies that you have \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate the services you are most interested in providing at Hospice for Utah:

Direct Work with Patients/Families

Clerical Office Help

Public Relations, Speakers Bureau, etc.

Bereavement Follow-Up

Special Events

Fund Raising

Days/Times of Availability: \_\_\_\_\_

\_\_\_\_\_

Preferred number of hours per week \_\_\_\_\_

**Page 2. (Hospice For Utah Volunteer Application)**

How long do you feel that you will be an active hospice volunteer? \_\_\_\_\_

Do you have a preference:

Non-smoking home only \_\_\_\_\_

Smoking environment okay \_\_\_\_\_

No dogs \_\_\_\_\_

Dogs okay \_\_\_\_\_

No cats \_\_\_\_\_

Cats okay \_\_\_\_\_

May we assign you to work with both male and female patients? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please indicate preferred patient gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Why do you want to become involved with the Hospice volunteer program? \_\_\_\_\_

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What do you hope to get from your hospice experience? \_\_\_\_\_

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What do you bring to Hospice for Utah? \_\_\_\_\_

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Have you had any experience with death or with a dying patient? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please briefly explain \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Office use only) Volunteer Trainer: \_\_\_\_\_

Training Location: \_\_\_\_\_

Date Training Completed: \_\_\_\_\_ Certificate Issued: \_\_\_\_\_



## Volunteer Contract

We welcome you as a volunteer to Hospice for Utah and hope that your work with us will be a meaningful experience.

As a volunteer, I realize the extreme importance of confidentiality in dealing with clients and families who have requested Hospice care. Cases will not be discussed with anyone other than Hospice personnel. I will not release any information to any person or agency without written permission of the client and from Hospice for Utah.

My role when working with clients of Hospice is that of a friend and supportive person.

Any time I am unable to carry out a responsibility for Hospice, I will give prior notice.

I understand that record keeping is an important part of my assignment. I agree to keep all client related records up-to-date. I also agree to mail these records to Hospice for Utah at the end of every month.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Volunteer

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Volunteer Director