

Name: _____

DOB: _____ Last 4 digits of Social Security Number _____

Address: _____ City _____ State _____

Phone: Home _____ Cell _____

Email: _____

Emergency Contact (name/relationship/phone): _____

Mark all Counties willing to serve: _____ **Times available:** _____

Adams ___ Brown ___ Hancock ___ Pike ___ Day ___ Evenings ___ Weekends ___

Type of Service(s) Desired:

Administrative: Various Office Duties and /or Phone Calls _____ Post Admission Calls _____

Reception Desk _____ Scanning Documents _____ Public Speaker _____ Trainer _____

Patient Care: Socialization _____ Respite _____ various types of Errands _____ Other _____

Bereavement: Social Visit _____ Phone Calls _____ **B.E.S.T.** (Bedside Emotional Support Team) _____

List any Special talents that you are willing to share. (Ex.-Music talent-Hair Stylist)

References: (Non-relative)

1.Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

2.Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Additional Information for Background Checks:

If you have resided out of state in the past five years, please provide state and time in which you lived. _____

List maiden name and/or all other names by which you have been known: (last, first, middle)

DECLARATION AND AUTHORIZATION

I, _____ certify that all information that I have provided to you is true, accurate and complete. I authorize you to contact my named references to seek information from them that may be relevant to my application for volunteer service. I release them and Blessing Health System from any/all liability for any damages whatsoever that may occur as a result of this exchange of information. I understand that all work with Blessing Hospice and Palliative Care and its patients are of a confidential nature and that all of my volunteer services are performed without compensation. I have read and understand the ICARE standards.

Signed (Volunteer): _____ Date: _____

Signed (Vol. Coordinator): _____ Date: _____