



NOTICE TO ALL APPLICANTS

PERSONAL INFORMATION				
Applicant Name (First, Middle, Last):			Date of Birth:	
Street Address:		City:	State:	Zip:
Preferred Phone:	Personal Email:			
Employer Phone:	Employer Address:			
Emergency Contact Name:			Phone:	

GENERAL INFORMATION	
Method of Referral:	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Internet <input type="checkbox"/> EH Employee <input type="checkbox"/> EH Volunteer <input type="checkbox"/> School/Advisor <input type="checkbox"/> Other	
Name of Referral Source:	Availability:
	<input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal <input type="checkbox"/> School Year <input type="checkbox"/> Other
<i>Yes No NA</i> <input type="checkbox"/> <input type="checkbox"/> Do you have a current driver license? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If yes, Do you have access to a car?</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If yes, Do you carry personal liability insurance?</i> <div style="display: flex; justify-content: space-between;"> <i>Company Name</i> <i>Policy Number:</i> _____ </div> <input type="checkbox"/> <input type="checkbox"/> Have you ever pleaded guilty to, or been convicted of a criminal offense? * <i>If yes, provide date(s) and circumstance(s):</i> <input type="checkbox"/> <input type="checkbox"/> Have you ever been involuntarily discharged from a position? <i>If yes, provide date(s) and circumstance(s):</i> <input type="checkbox"/> <input type="checkbox"/> Would you agree to a pre-volunteer and post-volunteer drug screening by a physician, clinic, or other health care provider selected by Encompass Health?	

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GENERAL INFORMATION CONT.

Yes No

- ☐ ☐ Can you perform all of the required job functions and duties of the job for which you are applying with or without a reasonable accommodation?
- ☐ ☐ Are you excluded from participation in federal or state health care programs and Medicare/Medicaid exclusion screening?
- If yes, explain:*

EDUCATION

Please include information for your highest level of educational achievement.

Institution *Program* *Completed Program*

What is your current profession?

PREVIOUS VOLUNTEER EXPERIENCE

Please list the organization name and type of work performed:

Are you active in other organizations, clubs, or church?

☐ Yes ☐ No

If yes, please list the organization name(s):

REFERENCES

Name:	Address:	Phone:	Relation:	Time Known:
Name:	Address:	Phone:	Relation:	Time Known:

VOLUNTEER OPPORTUNITIES

Patient related service volunteers provide companionship and caregiver relief. They may perform duties around the patient's home including light housekeeping and light meal preparation, or may perform errands. They may also assist with preparing a life review.

Volunteers that provide **administrative support** may complete tasks such as data entry, filing, mailings, newsletters, copying, or operating the switchboard.

All volunteers may assist with bereavement tasks such as placing phone calls, writing letters, visiting the bereaved, and leading grief support groups. They may also prepare mailings and newsletters.

Other volunteer opportunities might include participating in the 11th hour vigil, singing, drama, dance, pet therapy, massage therapy, aroma therapy, construction or other activities to address the needs of patients, their caregivers, and their families.

VOLUNTEER PREFERENCES

Please indicate the area(s) in which you would like to volunteer:

☐ Patient related service ☐ Administrative support

Yes No

☐ ☐ Do you speak a foreign language? *specify:* _____

☐ ☐ Do you have sign language skills? *specify:* _____

☐ ☐ Do you play a musical instrument? *specify:* _____

☐ ☐ Are you an active/veteran service member? *specify:* _____

Other skills and interests:

Awards, honors, special recognition:

INTERVIEW QUESTIONS

Why do you want to be a hospice volunteer?

Have you experienced the death of a loved one within the past year?

☐ Yes ☐ No *If yes, relation?* _____

Have you experienced hospice care with a loved one or friend?

☐ Yes ☐ No

What do you understand hospice to be about?

What are your feelings about death?

Are you comfortable helping people with different values or beliefs than your own?

☐ Yes ☐ No

What are the areas of greatest interest in your life?

Application to Volunteer

1. I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by Encompass Health ("company"). I authorize the schools, persons, previous employers, and other organizations named in this application to provide the company, its authorized employees, agents or representatives with any relevant information that may be required to arrive at decision regarding my acceptance to the volunteer program, and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which may otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of acceptance into the volunteer program.
2. In the event I am accepted as a volunteer, I understand that all volunteers are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my time as a volunteer, I am free to do so at any time.
3. I interpret my role as a volunteer to mean that I have agreed to work without monetary compensation. Having been accepted as a volunteer, I will do my work according to the standards set forth in the volunteer policies and procedures.
4. I understand that, if accepted into the volunteer program, any misrepresentation made by me in completing this application shall be considered as sufficient cause for my dismissal without advance notice.
5. I authorize the company to supply my volunteer record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.
6. In the event of my acceptance into the volunteer program, I will comply with all rules and regulations as set forth in the company's volunteer manual and job description.
7. I also understand that my acceptance as a volunteer is conditional upon my satisfactorily passing a physical examination and drug screening, if one is requested, to be given by a physician or registered nurse selected by the company.
8. I understand that completion of this form does not guarantee me status as an applicant or any consideration for acceptance into the volunteer program unless I meet all stated minimum qualifications required of the position for which I am asking to be considered, including acceptable reference check(s).
9. I understand that, in the event I am accepted as a volunteer by the company, I will be on an emergency basis temporarily, or an interim basis, pending the results of background screenings to be performed on all volunteers. I authorize the company to perform a criminal history background check, a Medicare and Medicaid exclusion check, a motor vehicle record screening, and other checks required by state law.
10. **CONVICTIONS:** A conviction does not automatically mean you will not be offered acceptance into the volunteer program. What you were convicted of, the circumstances surrounding the conviction, and how long ago the conviction occurred are important considerations in determining eligibility. Give all the facts, so that a fair decision can be made.
11. I have read the above statements and accept the same as a condition of volunteering with the company.

 I hereby authorize any individual, current or former employer, educational institution, or military
Initial branch listed in my application or resume to disclose in good faith to Encompass Health - Home Health & Hospice, its agencies, or its representatives, orally or in writing, information relating to my fitness as a volunteer, including, but not limited to, job performance, reasons for termination, job duties, eligibility to rehire, work habits, disciplinary actions, training, education, experience, knowledge, skills, qualifications, professional conduct, evaluation information, and attitude. I release these individuals and entities, and their representatives, from all liability for providing such disclosures and for any consequences that may occur as a result of those disclosures.

APPLICANT ACKNOWLEDGEMENT

To the best of my knowledge, the information contained in this application is true and complete.

Applicant Signature:

Date: