



Lake Superior Hospice Association Volunteer Application

Applicant Information

Name of Applicant _____ Birthdate (*for birthday list only*) _____
Address _____
City _____ Zip _____
Home Phone () _____ Work Phone () _____
Cell Phone () _____ Email _____
Employer _____ Occupation _____
Can receive calls at work: __ Yes __ No __ **Emergency Only**

Person to be notified in an emergency:

Name _____ Phone () _____
Address _____ City _____ Zip _____
Do you have any allergies that we should be aware of (*smoke, pets, etc.*)? _____

Do you have access to transportation? __ Yes __ No

Where in Marquette County are you willing to volunteer? _____

Education/Special Training: (*manicurist, hairdresser, masseuse, etc.*)

Two Personal References (*excluding family members*). Please provide a complete address.

Name _____ Phone () _____
Address _____ City _____ Zip _____
Name _____ Phone () _____
Address _____ City _____ Zip _____

Volunteer Areas of Interest: (*you may choose more than one*).

- Bereavement
- Community Outreach & Fundraising
- Cosmetology
- Errands & Shopper
- Friendly Visitor
- Massage Therapist
- Office Support
- Personal Historian/Patient Life Stories
- Seamstress/Quilter
- Respite/Caregiver Relief
- Singer/Instrumentalist
- Visiting Dog
- Veterans to Veterans
- 11th Hour Vigil
- Spiritual Care
- Last Minute

Do you belong to a community group, military affiliation, or churches and are you willing to be an ambassador for LSH in these groups? (If yes, which ones).

How did you hear about Lake Superior Hospice's volunteer program?

What are your social or leisure time activities that you could share with LSH patients?

Why do you want to be a hospice volunteer?

What qualities (skills, talents, knowledge, and experiences) do you feel you can incorporate into your hospice volunteer work?

What are your thoughts and feelings about death?

Have you ever been with someone at the time of their death? Yes No (If yes, please explain).

Have you ever provided care to anyone who was dying? Yes No (If yes, please explain).

Have you had any type of recent losses? Yes No (If yes, please explain).

When thinking of your own death, what words best describe death to you?

I do not think about my own death sorrowful natural frightening painful lonely joyful
 heavy peaceful dark Other: _____

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 the 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. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with hospice.

Applicant Signature

Date

Office Use Only:

Pre-training interview _____

References verified _____