

**Volunteer Application**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State**\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NCDL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

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**Employment**

Name of Company Dates Employed Position

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**Volunteer History**

Agency or Organization Dates Assignment

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**Why do you want to be a Hospice Volunteer?**

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**How did you hear about the Gaston Hospice volunteer program?**

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**Have you experienced a major illness with a family member or friend? How long ago?**

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**What skills do you have to offer?**

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**Have you had a death, divorce, or family crisis in the past year? Please explain?**

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**Please circle your areas of interest below:**

Family Support Office Assistant Fundraising Speaker’s Bureau Special Events Robin Johnson House Bereavement Other

**Professional Reference:**  **2 Personal References: (no family)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been convicted of a crime beside a traffic violation? Please explain.**

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| --- |
| I understand that Gaston Hospice reserves the right to accept or reject my application in its sole discretion and that the above statements made in this application are true. |
| I AUTHORIZE GASTON HOSPICE TO CONDUCT A CRIMINAL RECORD SEARCH TO VERIFY MY SUITABILITY FOR VOLUNTEER SERVICES. |

I agree to serve as a volunteer for Gaston Hospice. My services are available until my term has ended, my services are no longer needed, or I no longer wish to volunteer. I understand that the financial organization and patient/family information that I have access to is privileged and will be kept in the strictest of confidence. I will only share such information, as appropriate with the Hospice personnel or authorized persons providing services to the patient/family. I agree to uphold the highest of professional standards in presenting Gaston Hospice and to abide by its policies and procedures. I understand that my role as a volunteer is to act in the best interest of Gaston Hospice. In the event that any personal/financial interests of mine may interfere with my decision making responsibilities for this hospice I will abstain from participating in the decision process. Failure to follow the policies set forth by Gaston Hospice may result in my termination of my volunteer status.

**Please print full name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***If applicant is under 18 years old, parent and/or guardian must sign:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail your application to**:

Gaston Hospice

Attn: Julie Young

Volunteer Coordinator

258 E. Garrison Blvd.

Gastonia, NC 28054

[youngj@caromonthealth.org](mailto:youngj@caromonthealth.org)

704-861-8405