

# GRACE HOSPICE VOLUNTEER APPLICATION

## Areas of Interest:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> PATIENT VISITS | <input type="checkbox"/> TECHNICAL SUPPORT | <input type="checkbox"/> SPECIAL EVENTS/COMMUNITY RELATIONS |
| <input type="checkbox"/> BEREAVEMENT    | <input type="checkbox"/> WEB DESIGN        | <input type="checkbox"/> TEAM/SPECIAL PROJECTS              |
| <input type="checkbox"/> OFFICE SUPPORT | <input type="checkbox"/> CRAFTS            | <input type="checkbox"/> OTHER _____                        |

Please fill out and send to:

Grace Hospice  
Attn: Volunteer Coordinator  
6400 S. Lewis Ave., Ste. 1000  
Tulsa, OK 74136

Phone: 918.744.7223  
Fax: 918.744.7240  
www.gracehospice.com

Please Print:

Name of Applicant \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Can receive calls at work:  Yes  No  Emergency Only

## Person to be notified in an emergency:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Education \_\_\_\_\_

Special Training/Skills/Talents \_\_\_\_\_

Work Experience \_\_\_\_\_

Do you know a language other than English?  Yes  No

Language(s) \_\_\_\_\_  Speak  Read  Write

**Two Personal References (excluding family members). Please provide a complete address, as references are verified by mail.**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Information**

What volunteer work are you doing or have you done in the past? \_\_\_\_\_

How did you learn about Grace Hospice and why are you interested in volunteering in hospice? \_\_\_\_\_

Have you experienced the death of a friend or family member in the last 24 months? If so, when and what was their relationship to you? \_\_\_\_\_

Volunteers must complete an interview with the Volunteer Coordinator and attend volunteer training. Do you agree to participate?     Yes     No

**Background Check Authorization**

Grace Hospice performs a criminal background check on all employees and volunteers to ensure the highest quality of care and consideration is shown to our patients. Do you authorize Grace Hospice to use your birth date, driver's license number and social security number to perform a background check after you have completed volunteer training?

ACCEPT     DECLINE

Please list your full name (including maiden, married and other names). Also list all addresses from the past 7 years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

I hereby certify that 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 and character for the purpose of determining my suitability as a volunteer. I will alert the Volunteer Coordinator should any of the above information change.

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**