



PO Box 838, Prince Frederick, MD. 20678
VOLUNTEER ENROLLMENT APPLICATION

Thank you for your interest in becoming a volunteer with Calvert Hospice. This application form has been developed specifically for our program. You may find that some of the questions are personal in nature, yet we have found that information has proven to be most helpful in making volunteer selections and assignments. All information provided is confidential. We ask that volunteers make a one-year commitment to working with Calvert Hospice.

Name: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____ Birth Date: _____

Address: _____
(Street) (City) (State) (Zip)

How many years at this address? _____ E-mail address: _____

Employment History:

| COMPANY | ADDRESS | POSITION |
|---------|---------|----------|
| | | |
| | | |
| | | |

Volunteer History:

| ORGANIZATION | ADDRESS | TYPE OF VOLUNTEER WORK |
|--------------|---------|------------------------|
| | | |
| | | |
| | | |

Relevant Background (May include education, religious service, community service, or family experience):

Why do you wish to become a hospice volunteer? _____

Do you have any health/physical problem(s) which would limit your ability to perform required tasks?

Yes No If yes, explain:

BEREAVEMENT HISTORY:

| Deceased's Name | Date of Death | Hospice Patient? | Deceased's Age at Death | Cause of Death* (Circle One) | Onset** | Relationship |
|-----------------|---------------|---|-------------------------|------------------------------|----------|--------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | A S H N O W Explain: | S R D | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | A S H N O W Explain: | S R D | |

*CAUSE OF DEATH

A = Accident
 S = Suicide
 H = Homicide
 N = Natural
 O = Other (AIDS, SIDS, Stillbirth, Miscarriage)
 W = War

**ONSET

S = Sudden (Death within one week)
 R = Rapid (Death within six months)
 D = Delayed

Are you bi-lingual? No Yes What Language(s)? _____

Do you possess a valid driver's license? Yes No

Drivers License Number: _____ State of Issuance: _____

Auto Insurance Co. and policy number: _____

Do you have daytime access to a car? Yes No

Are you willing to provide transportation? Yes No

What time(s) are you available for volunteer work? Days Evenings Weekends

Have you ever been convicted of a crime or convicted in a military court martial? _____

Have you ever been sanctioned or had your licenses suspended or revoked? _____

Are you currently under any investigation or pending charge? _____

Names of three people we may contact, with your permission, for a personal reference:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I understand that Calvert Hospice recruits volunteers and employees, and provides care to patients without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

I understand that Calvert Hospice's drug and alcohol policy prohibits the use of alcohol or illegal drugs while working or volunteering for Calvert Hospice.

Applicant's Signature: _____ Date: _____