



RUIDOSO HOME CARE & HOSPICE

575-258-0028

PO Box 2019, Ruidoso, NM 88355

VOLUNTEER APPLICATION

(Please Print)

Name of Applicant _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Employer _____ Occupation _____

Work Phone _____ Can receive calls at work: ___Yes ___No ___Emergency only

Email _____

Person to be notified in an emergency:

Name _____ Phone _____

Address _____ City _____ Zip _____

Education / Special Training:

Work Experience:

Other Skills/Services: (manicurist, hairdresser, massage, etc)

Two Personal References (excluding family members)

Name _____ Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____

Address _____ City _____ Zip _____

Indicate Areas of Interest:

___ Home Visits ___ Public Relations ___ Fundraising Events

___ Office ___ Bereavement Volunteer

___ Patient Information/Education ___ Transportation/Delivery

How many hours each month do you want to volunteer? _____

Do you know a language other than English? ___No ___Yes Language _____

Do you have transportation? ___Yes ___No

Do you have auto liability insurance? ___Yes ___No

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How did you hear about our Hospice Volunteer Program? _____

Why do you want to be a Hospice Volunteer? _____

What qualities do you feel you can incorporate into your hospice volunteer work? _____

DEATH AND DYING

What are your thoughts and feelings about death? _____

Have you ever been with someone at the time of his or her death? _____

Have you ever provided care to anyone who was dying? _____

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

- | | | |
|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Peaceful | <input type="checkbox"/> Natural | <input type="checkbox"/> Frightening |
| <input type="checkbox"/> Sorrowful | <input type="checkbox"/> Painful | <input type="checkbox"/> Worried |
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Dark | <input type="checkbox"/> Joyful |
| <input type="checkbox"/> I do not think about my own death | | |

Comments: _____

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 inquires 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's Signature

Date