



We have the cause,  
You have the effect.

  
Nathan Adelson  
HOSPICE

New Volunteer Application



# Volunteer Application

4141 Swenson Street, Las Vegas, NV 89119



## Contact Information

Name	
Street Address	
City State Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
Birth Date	
Social Security Number	
Employer	
Occupation	

## Availability

During which hours are you available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

## Which location would you prefer volunteering at?

Swenson  Tenaya  Pahrump

## Interests

Tell us in which areas you are interested in volunteering

### Patient/Family Care

- In Home
- In Nursing Home
- In NAH Facility
- Meal delivery
- Paws for Paul Pet Therapy Program
- Legacy Reflection
- Patient Survey Caller
- 11<sup>th</sup> hour

### Bereavement

- Caller
- Home Visit
- Support group facilitator
- Office
- Memorial Service coordinator
- Camp Erin

### Non-Patient Services

- Clerical/ Data Entry
- Fundraising
- Mailings
- Community Outreach/Health Fair Team
- Events
- Shopping/Errands
- Veteran committee

**Complementary Therapies**

- Massage
- Reiki
- Aromatherapy
- Music/Art
- Reflexology

**Do you speak any language other than English?**

- Yes
- No

**What other language(s) do you speak?**

**Language:**

---

- Speak
- Read
- Write

**Language:**

---

- Speak
- Read
- Write

**Work Experience:**


### **Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### **Previous Volunteer Experience**

Summarize your previous volunteer experience.

### **Others special services (manicurist, hairdresser, photographer, etc)**

### **What qualities do you have that you feel you can incorporate into your hospice volunteer work?**

**Do you have access to transportation?**

Yes

No

**Do you fear death?**

Yes

No

**Have you ever been with someone at the time of their death?**

Yes

No

**Have you ever provided "nursing" care to anyone? If so, please explain.**

--

**When you ever think of your own death or a death of a loved one, what words best describe death to you?**

I do not think of my own death    I do not think of my loved ones dying    Sorrowful

Natural    Frightening    Painful    Peaceful    Lonely    Joyful    Heavy    Dark

**Person to Notify in Case of Emergency**

Name	
Street Address	
City, St., Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

**Two Personal References**

Name	
Phone	
Address	
Name	
Phone	
Address	

### Additional Information/Comments


### Military/Veteran ?

Are you or your spouse active or retired military?.

Yes	No
Branch?	
Active or Retired?	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## 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 Nathan Adelson Hospice is confidential and that this confidentiality is protected by the policies of the Nathan Adelson Hospice.

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.

I promise to take to my work an attitude of open-mindedness; and, I am willing to continue my education in the field through in-services offered to volunteers. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to the community and to those for whom it is done.

I accept this Code for the volunteer as my Code, to be followed with care and compassion.

### 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 any volunteer activities with Nathan Adelson Hospice. I affirm and represent that I have automobile collision and liability coverage with \_\_\_\_\_ in the amounts required by Nevada Revised Statutes, and will notify my insurance company as primary provider if I use my automobile in the scope of my volunteer duties with Nathan Adelson Hospice. I understand this information will be held in the strictest confidence.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_