

Volunteer Preferences:

I would like to volunteer up to _____ hours per week. I prefer to travel no more than _____ miles one way.

I prefer to volunteer at: *(Please check all that apply):*

Somerset Office Monticello Office Homes Jean Waddle Care Center Hospital Nursing Facility Events

Would you consider sitting with a patient who is actively dying with no family present? Yes No

Assignment Preference(s) *(Please check ALL that Apply)*

Patient Companionship/Socialization Visit Caregiver Break Bereavement Support Camp Promise

Delivery/Errands for Patient/Family Spiritual Support Care Center Sunday Morning Volunteer

Pet Peace of Mind Volunteer Yard Work Handyman Woodworking Sewing/Crafting Projects

Baking Items Special Events Office Support Children/Teen Patients Adult Patients

Community Awareness Decorate Fundraising Photography We Honor Veterans

Assist with our TLC (Teens Learning Compassion) Program providing transportation and mentoring to Teen Volunteers

Other: _____

Emergency Contact: Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

References: Please List Three Professional References; One Must be Your Most Recent Employer

(By signing below, I authorize Hospice to contact these individuals to obtain personal reference checks):

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Volunteer Agreement: 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, and background checks at any time to meet our regulatory requirements. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Hospice of Lake Cumberland. 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 if expected of me. I understand that any information that is disclosed to me while assisting Hospice of Lake Cumberland is confidential. I interpret "volunteer" to mean that I have agreed to work without compensation in money but having been accepted as a volunteer worker, I expected to do my work according to standards set forth in the Volunteer Policies Handbook. 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 inquires to be made concerning my employment and character for the purposes of determining my suitability as a volunteer. I affirm I have read the Code of Ethics for Volunteers and agree to abide by its regulations.

Photo Release: I understand that volunteers may be photographed, filmed, and/or videoed by staff, volunteers, or designated individuals for Hospice of Lake Cumberland. Photographs/film/video may be used for the purpose of publicity and/or advertising about the Hospice concept and Hospice care for a variety of media purposes, including, but not limited to, television, website, social media, newsletters, etc. Volunteer's names may or may not be disclosed.

Signature of Applicant: _____ **Date:** _____