



Volunteer Application

Thank you for your interest in volunteering at Hospice of the Ozarks. The compassionate care our volunteers provide sets us apart as a hospice with extraordinary standards.

Please complete the Volunteer application below and return to 811 Burnett Drive, Mountain Home, AR 72653. Be sure to indicate which training session you would like to attend. You will be notified of the training dates and times as soon as they become available. Once we review your application a coordinator will be in touch. We look forward to meeting you in the near future.

If you have any questions please feel free to call Deanna Lind, Volunteer Coordinator at 870-508-1771.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a disability, when otherwise qualified.

Are you a veteran ☐ Yes ☐ No Branch of Service: _____

First Name: _____ Last Name: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____ Birthdate (mm/dd/yyyy): _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Religious Affiliation: _____ Circle level of participation: High---/---/---/---Low

Where did you hear about Hospice of the Ozarks volunteer opportunities? Select all that apply:

- ☐ Hospice of the Ozarks Website
- ☐ Internet Website (Please specify): _____
- ☐ Hospice of the Ozarks Employee/Volunteer (Please specify): _____
- ☐ Someone Who Used Hospice of the Ozarks Services (Please specify): _____
- ☐ Other (Please specify): _____

Have you ever been a volunteer or paid employee of Hospice of the Ozarks before? ☐ Yes ☐ No

If yes what year? _____

Have you ever volunteered elsewhere? ☐ Yes ☐ No

If yes, where and in what capacity? _____

Have you ever been convicted of any crime other than a traffic violation? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been convicted of a felony or pleaded to a lesser offense? ☐ Yes ☐ No

If yes, please explain: _____

Current Employer: _____

Occupation: _____

Please indicate your desired training session: ☐ Spring ☐ Autumn

References

A formal background check will be necessary to support your volunteer work at Hospice of the Ozarks. Please list the names, addresses and phone numbers of two references (not related to you):

Reference #1

First Name: _____ Last Name: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Relationship to Reference #1: _____

Reference #2

First Name: _____ Last Name: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Relationship to Reference #1: _____

Volunteering at Hospice of the Ozarks can be a rewarding and challenging experience. Please give us some additional information about yourself by answering the following questions.

Are you willing to participate in training and experiences that may remind you of your losses? ☐ Yes ☐ No

Are there any situations that you think would make you uncomfortable? ☐ Yes ☐ No

Have you had a loss in the past year? ☐ Yes ☐ No

If yes when and who? _____

How do you recharge and revitalize when you are feeling particularly tired, emotionally drained or stressed?

Do you or does anyone in your family currently have cancer or a serious illness? ☐ Yes ☐ No

Disabilities or Special Needs: _____

Describe any special training, apprenticeship, skills or extra-curricular activities which you feel may be helpful working as a volunteer: _____

Professional Licenses: _____ License # _____

Community Affiliations: (clubs, church groups, professional organizations): _____

Special Skills, Hobbies, Talents (check all that apply):

☐ Arts & Crafts

☐ Home Repairs

☐ Other:

☐ Languages

☐ Drama/Music

Areas of interest volunteering in at Hospice of the Ozarks (check all that apply):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Patient/Family Activities | <input type="checkbox"/> Telephone Visits | <input type="checkbox"/> Light Shopping | <input type="checkbox"/> Pet Peace of Mind |
| <input type="checkbox"/> Caregiver Respite | <input type="checkbox"/> Transportation | <input type="checkbox"/> Errands | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Patient Visits | <input type="checkbox"/> Light Cooking | <input type="checkbox"/> Special Programs/Projects | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Phone Support | <input type="checkbox"/> Filing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Greeters Desk | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Children's Grief Program | <input type="checkbox"/> Structured Life |
| <input type="checkbox"/> Other: | | | |

Availability:

Monday: ☐ AM ☐ PM Tuesday: ☐ AM ☐ PM Wednesday: ☐ AM ☐ PM Thursday: ☐ AM ☐ PM
Friday: ☐ AM ☐ PM Saturday: ☐ AM ☐ PM Sunday: ☐ AM ☐ PM
Other:

Volunteer schedules can be flexible and we depend on you. Can you commit to your volunteer schedule? ☐ Yes ☐ No

☐ I understand that Hospice of the Ozarks reserves the right to accept or reject my application in its sole discretion and that the above statements made in the application are true.

This information will be kept confidential. It will help us in making your volunteer experience with Hospice of the Ozarks more rewarding. Please feel free to call us at (870) 508-1771 if you have any questions or need additional information.

Signature: _____ Date: _____

Thank you for your interest in becoming a Hospice of the Ozarks Volunteer. In order to better serve our patients and their families, this application was developed specifically for our hospice program. Some of the questions may seem personal or private however; this information has proven to be most helpful in making volunteer assignments.