



Angelic Health Volunteer Services
8025 Black Horse Pike, Ste 501
West Atlantic City NJ 08232
609-822-7979, 609-515-3041

Today's Date _____

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment (volunteering) based on race, color, religion, national origin, sex, disability, age, or veteran status and any other applicable laws. Your completed application will be reviewed carefully. However, applying for Volunteer opportunities does not guarantee acceptance into this program. Volunteer consideration necessitates that you meet all minimum qualifications and requirements for the applied position.

PERSONAL DATA

Name _____

Sex [] Male [] Female

Phone/ Cell # please specify if cell or landline/include area code _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Employer _____ [] Full Time [] Part Time [] Other _____

Employer Address _____

Business Phone # _____ contact email _____

If retired, please specify your background _____

GENERAL INFORMATION

How were you referred to our company? _____

Specific name of referral source indicated above, if applicable: _____

When are you available to volunteer? [] Weekday [] Weekend(s) [] School Year [] Other _____

Do you have access to reliable transportation? [] YES [] NO

Have you ever pleaded guilty to or been convicted of a criminal offense? [] YES [] NO

• If yes, give dates and circumstances _____

Are you currently, or have you ever been, suspended, debarred or otherwise excluded from participation in any federal or state health care program? [] YES [] NO

CONVICTIONS: A conviction does not automatically mean you will be unable to volunteer. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are all important considerations in determining your eligibility. Please share all the facts to ensure a fair decision process.

EDUCATION

- High School
- Associate’s Degree
- Some College
- Bachelor’s Degree
- Master’s Degree
- Post Graduate
- Other _____

PREVIOUS VOLUNTEER EXPERIENCE

Organization _____
Type of Work _____
Reason for leaving _____

Organization _____
Type of Work _____
Reason for leaving _____

REFERENCES (Professional or personal)

Name _____
Address _____
Phone/Cell # _____ Email _____
Relationship (check all that apply) Supervisor Co-worker Friend Relative Other _____

Name _____
Address _____
Phone/Cell # _____ Email _____
Relationship (check all that apply) Supervisor Co-worker Friend Relative Other _____

Name _____
Address _____
Phone/Cell # _____ Email _____
Relationship (check all that apply) Supervisor Co-worker Friend Relative Other _____

VOLUNTEER POSITION PREFERRED (Please check boxes of interest)

PATIENT SUPPORT

- Companionship/ socialization/ caregiver relief
- Assistance with meal preparation/ light household chores
- Spiritual/ bereavement/ emotional support
- Vigil Volunteering (sitting with /attending to actively dying patients)
- Veteran Volunteers (military Veterans visiting Vets)
- Pet therapy (requires pet therapy certification)
- Massage therapy (requires NJ licensure)
- Enrichment services (music/ art)

ADMINISTRATIVE SUPPORT (Data entry, filing, copying, assistance with mailings, etc)

OTHER: _____

Do you speak a foreign language? YES NO Specify _____

Are you an active service member/ Veteran? YES NO If yes, specify _____

Other skills and interests? (Specify) _____

CODE OF ETHICS FOR VOLUNTEERS

As a Volunteer, I realize I am subject to a code of ethics much like those which binds the professional in the field in which I work. I, like them, assume accountability for my work and will seek to fulfill my responsibilities to the best of my ability.

I understand that any information disclosed to me while assisting Angelic Palliative & Hospice is confidential. I interpret my role as Volunteer to mean that I have agreed to work without monetary compensation.

Having been accepted as a Volunteer, I will do my work according to the standards set forth in the Volunteer Orientation Manual and description.

I agree to a background investigation.

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 and consenting for a background investigation I am authorizing inquiries to be made concerning my employment, character, and public records for the sole purpose of determining my suitability as a Volunteer.

I agree to abide by the Volunteer Code of Ethics and to respect the confidentiality of any patient or family during my Volunteer activities with Angelic Health Palliative & Hospice Care.

Name _____

Signature _____ Date _____

Please submit application to:

Angelic Health Hospice
Volunteer Services
8025 Black Horse Pike, Ste 501
West Atlantic City NJ 08232