



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 _____

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

EDUCATION

High School Some College Associate Degree Bachelor's Degree Master's Degree Postgraduate
 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

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

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

OTHER: _____

Do you speak a foreign language? YES NO If yes, 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 Palliative & Hospice Care.

Name _____

Signature _____ Date _____

Email your application to Volunteer@angelic.health
Or mail it to the office in the county in which you live.

In Atlantic, Cape May, Cumberland, Monmouth, and Ocean counties,
please send to:
Angelic Health Volunteer Services
8025 Black Horse Pike, Ste 501
West Atlantic City NJ 08232

In Burlington, Camden, Gloucester, and Salem counties,
please send to:
Angelic Health Volunteer Services
1050 Mantua Pike, First Floor
Wenonah, NJ 08090

In Horry County South Carolina, please send to:
Angelic Health Volunteer Services
923 Medical Center Circle,
Myrtle Beach, SC 29572