



### Home Care

810 North 96th Street, Suite 201

Omaha, NE 68114

Office: (402) 898-8150

## HOSPICE VOLUNTEER APPLICATION

Application Date
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*\*Please advise us if any accommodation is needed for your participation in the application process.*

Personal Information				
Last Name		First Name		Middle Initial
Home Phone		Work Phone		
Address			Apartment Number	
City	State	ZIP + 4	E-mail Address	

Education and Work Experience	
Current Employer	
Business Address	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-time Student <input type="checkbox"/> Full-time Student
School	

Person to Notify in Case of Emergency			
Last Name		First Name	
Address		Relationship	
City	State	ZIP + 4	E-mail Address
Day Phone		Night Phone	

Volunteer History	
Have you ever volunteered your time at another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, where?	
Name	Phone
What were your responsibilities?	

**Personal Reference Section**

Name		Phone	
Address	City	State	ZIP + 4
Relationship			
Name		Phone	
Address	City	State	ZIP + 4
Relationship			
Do you have a record of child abuse or dependent adult abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," please give date, location, and disposition of your case			

**HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN (7) YEARS?**

Yes  No

(Conviction will not necessarily disqualify applicants.

The recency, severity, and pertinence of the conviction to the placement will all be considered).

If accepted as a volunteer, I agree to serve according to Alegent Health's Volunteer Guide. I will respect the patients' rights by not discussing confidential information that I might obtain through my volunteer assignments at Alegent Health Hospice.

Signature	Date
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Thank you for your interest in volunteering at Alegent Health Hospice.