



Home Care

810 North 96th Street, Suite 201

Omaha, NE 68114

Office: (402) 898-8150

HOSPICE VOLUNTEER APPLICATION

Application Date

**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.