COLUMBUS HOSPICE
OF
GEORGIA & ALABAMA

7020 Moon Road
Columbus, GA 31909

Phone: (706) 569-7992
FAX: (706) 569-8560

Dear Potential Volunteer:

Thank you for your interest in Columbus Hospice, Inc. **The Columbus Hospice Volunteer Program is an excellent one, but is not a commitment to be taken lightly**. Our patient/family volunteers are required by governing regulations to complete an initial on-site training, plus 3 additional workshops per year as well as CPR certification training. At training each volunteer will submit to tuberculosis testing, a criminal background check, and will be given a voucher to obtain a drug screen. All testing must be completed prior to becoming active with the volunteer department. Again, we ask a lot of our volunteers, but the rewards are definitely worth your time! All document processing and costs associated with required medical testing are covered by Columbus Hospice. If you cannot take a tuberculosis test/PPD we require a chest x-ray. The cost for the chest x-ray is not covered by Columbus Hospice. We will ask you to complete a medical questionnaire prior to becoming an active volunteer as well.

There is much to be gained from being a hospice volunteer. To volunteer is to choose to act in recognition of a need, with attitude of social responsibility, and without concern for monetary profit. As a volunteer you will learn to listen effectively, which may be the most important service you provide. Volunteers can listen to concerns, run errands, create crafts, bake, assist with fundraising, perform handyman repairs, do yard work, music and pet therapies, and so much more!!

The application includes federal and state **mandated** forms and medical test to ensure patient and volunteer safety. The application must be completed and delivered to Volunteer Office prior to being scheduled for training. Once you have completed all paperwork you will be scheduled for an interview and then for the next volunteer training.

I hope you feel you can meet our volunteer requirements and would like to become part of our team. If you have any questions, please feel free to call me at (706)341-4642. Thanks again for your interest.

Sincerely,

Katie Greene
Volunteer Coordinator

VOLUNTEER APPLICATION

Name of Applicant _____ Birthdate _____

Street Address _____

City, State, ZIP _____ Home Phone _____

Employer/Position _____ Work Phone _____

Cell Phone _____ Email address _____

Best time to contact: a.m. p.m. Preferred contacts: mail email cell phone home phone work phone

Educational Background: high school College

Special Training _____

_____

_____

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AREAS OF INTEREST

Patient/Family Companion:

In Home Nursing Home Hospice House Bereavement Hair Stylist Pet Program Vet Program

Non-Patient Services:

Clerical Fundraising Yardwork/Handyman Special Events/Baking Receptionist

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Do you know a language other than English? Yes No

Language _____ Speak Read Write

Language _____ Speak Read Write

Other Special Services: (manicurist, hairdresser, massage therapy, pet therapy, music therapy, etc.) _____

_____

How did you hear about our Hospice Volunteer Program? radio TV church Newspaper article hospice letter relative friend other _____

Why do you want to be a Hospice Volunteer? _____

_____

_____

What qualities (skills, talents, knowledge, experience, etc.) do you feel you can incorporate into your Hospice Volunteer work? _____

_____

_____

(Continued on Reverse)

VOLUNTEER APPLICATION – continued

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Death and Dying

Have you ever been with someone at the time of his or her death? Yes No If yes, please describe briefly

_____

_____

Have you had someone in your immediate family die within the last year? Yes No If yes, what was the relationship? _____

Have you ever provided care to anyone who was dying? Yes No If yes, please explain _____

_____

_____

When thinking of your own death, what words best describe death to you?

I do not think about my own death Sorrowful Natural Frightening Painful Lonely Joyful

Heavy Peaceful Dark Other _____

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Comments: _____

_____

_____

I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to standards set forth in the Volunteer Policies and Procedures.

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 I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Hospice.

_____ _____

Signature of Applicant **Date**

COLUMBUS HOSPICE, INC.
VOLUNTEER EMERGENCY PROFILE

This information is required for notification in the event of an emergency. Please update as changes occur. All information will be kept confidential.

VOLUNTEER NAME: _____

Contact Information: (Next of kin, family, and close relatives or friends)

Contact 1st

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Relationship: _____

Contact 2nd

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Relationship: _____

Primary Physician

Name: _____

Address: _____

City, State, Zip: _____

Preferred Hospital:

Name: _____

City/State: _____

2d Hospital Choice:

Name: _____

City/State: _____

Other Information which might be helpful in an emergency:

_____

_____

_____

If you drive please provide verification of current car insurance coverage for your vehicle. This is required regardless of the activities that you will be performing for Columbus Hospice. Thank You.