

**ATTENTION:**  
**1531 W. PALMETTO PARK ROAD**  
**BOCA RATON, FL. 33486**  
**561-416-5040 or Florida Toll Free 800-633-2577**  
**Fax 561-361-0241**

Office Use Only
Date received: _____
Background check submitted: _____

## VOLUNTEER APPLICATION

**Applicant name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_  
(please print) (month/day)

**Address:** \_\_\_\_\_  
(Street) (City) (Zip Code)

**Telephone number(s):** Home: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work: \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ Preferred contact:  home  cell  work  email

<b>Person to be notified in an emergency:</b> Name: _____			
Relation: _____		Telephone number: _____	
Address: _____			
(Street)	(City)	(State)	(Zip)

**Have you ever been bonded?**  No  Yes

**Have you ever committed, pled “guilty” or “no contest” to a crime, been convicted of a crime or had an adjudication withheld?**  No  Yes If yes, please provide date(s) and details \_\_\_\_\_

**How did you hear about volunteering with us?** \_\_\_\_\_

**Amount of time you would be willing to volunteer per week:** \_\_\_\_\_ hours.

**Are you fluent in a language other than English?**  No  Yes If yes, specify below:

Language \_\_\_\_\_  speak  read  write

Language \_\_\_\_\_  speak  read  write

**Have you served in the military?**  No  Yes If yes, which branch: \_\_\_\_\_

**Do you have any physical health concerns which would require special accommodation?**  No  Yes

If yes, please specify: \_\_\_\_\_

**PERSONAL REFERENCES:** Please print the name and complete address of two references, excluding family members. References will be verified by mail.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

**IDENTIFIED AREAS OF INTEREST:** (Orientation specific to your volunteer area will be provided.)

**Patient/Family Care**

- Home visits (private residence)/respite
- Nursing home/facility visits
- Inpatient units
- Pet visitation
- Bereavement calls
- Veteran's Recognition Program
- Aloesēa Caregiver Program

**Non-patient Services**

- Clerical/office
- Data entry/computer
- Fundraising/special events
- Subject Matter Expert (SME)  
(expertise in a particular field)
- Thrift store
- Jack's Cafe
- Speakers' Bureau

**Skills and Hobbies**

- Computer
- Writing/editing
- Public speaking
- Art
- Scrapbooking
- Retail/sales experience
- Complementary Therapies (e.g. Reiki, Healing Touch, Massage)
- Musical instrument (specify): \_\_\_\_\_
- Other: \_\_\_\_\_

**Do you have any skills or work experience that you would like to utilize in your volunteer assignment?**  No  Yes

If yes, please specify: \_\_\_\_\_

**Please describe your educational background:** \_\_\_\_\_

**Are there any activities you prefer not to do?** \_\_\_\_\_

**ALL APPLICANTS, please read and initial that you agree to abide by the following requirement:** **Initials**

Hospice by the Sea, Inc. requires all employees and volunteers to conduct themselves in a manner that meets the expectations of our Compliance Program and Integrity Code. Our commitment to excellence, integrity, teamwork and accountability are the cornerstones for all that we do. \_\_\_\_\_

**PICTORIAL RELEASE**

I  **consent** or  **do not consent** to the taking and publication of any photographs for use in all Publicity releases for Hospice by the Sea, Inc. I understand that my identity will remain confidential.

**VOLUNTEER STATEMENT**

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 by the Sea.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_