Volunteer Application

Date:____________________

(Please Print)

Name:____

Address:____

City/State: ____ Zip:_____________

Home Phone:__________________________ Cell Phone:______________________________

Work Phone: _______________________ Email Address ______________________________

Are you 18 years of age or older? ☐ Yes ☐ No

Employer(s) - *list past 3 years* Occupation/Position Year(s)

____

____

____

Why do you want to be a hospice volunteer? ____

____

____

____

Please list any previous volunteer experiences:_______________________________________

____

Talents or Hobbies:____

Education/training or special skills:____

____

How did you hear about Celtic Hospice? ____

What geographic area would you like to service?

☐ Allegheny County ☐ Armstrong County ☐ Beaver County
☐ Butler County ☐ Fayette County ☐ Westmoreland County

Any specific areas within these counties?____

What time schedule is best for you? ☐ Daytime ☐ Evenings ☐ Weekends

Do you have access to an automobile? ☐ Yes ☐ No

Volunteer activities may require the use of a vehicle. A current Pennsylvania Driver's License and proof of insurance will be required.

What type of volunteer service are you interested in providing? Please check your preference(s).

☐ **Direct Patient Contact**

This includes such activities as: companionship, socialization, running errands, light housekeeping, meal preparation, transportation, emotional support, etc.

☐ **Administrative Tasks**

This includes assembling mailings, writing condolence cards and special projects.

☐ **Bereavement Support**

This is accomplished through viewings at funeral homes and outreach to the families.

Please provide two references (no relatives) that you have known at least one year.

Name ____ Relationship_______________

Address____
Street City Zip

Phone: ________________________

Name ____ Relationship_______________

Address____
Street City Zip

Phone: ________________________

I understand as a volunteer I will not be entitled to monetary compensation for the work I perform or be entitled to Worker's Compensation or Group Benefits in the event of an injury. As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I volunteer. I understand that any information that is disclosed to me while assisting as a Hospice Volunteer is confidential.

Signature: ____ Date: _____________

If you have any questions or need additional information, please contact:
Oxsana Byczkalo
Volunteer Coordinator
724-766-6796

Please return form to:
Hospice Volunteer Program
Celtic Healthcare, Inc.
150 Sharberry Lane
Mars, PA 16046
FAX: 724-625-4288