

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE



OFFICE USE ONLY:

Date received:

Date logged:

Reviewed by:

HOSPICE VOLUNTEER APPLICATION

Please send completed application to:

Home Care & Hospice
320 Alpenglow Lane
Livingston, MT 59047

Hospice phone: 406-823-6430
Hospice fax: 406-823-6440

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

Date: _____

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City, State, Zip

Telephone: () _____ Cell: () _____

When are you available to start volunteering? _____ Do you drive? _____

Present Occupation: _____

Describe any prior volunteer experience: _____

Describe any specialized training, skills, or extra-curricular activities: _____

How have you been personally affected by death and when? _____

Have you ever worked with dying patients in a professional or non-professional capacity? Please explain: _____

Why do you want to volunteer with Hospice? _____

What do you expect to get for yourself from your volunteering with Hospice? _____

Please indicate your preferences in providing services:

		YES	NO
a.	Reading		
b.	Letter writing		
c.	Recreation (cards, crafts, board games, hobbies)		
d.	Friendly visits		
e.	Transportation		
f.	Cleaning house		
g.	Laundry		
h.	Child care		
i.	Shopping		
j.	Talking to spouse		
k.	Meat preparation		
l.	Assistance with eating		
m.	Assistance with dressing		
n.	Ambulation		
o.	No patient contact, i.e. typing, filing, etc.		
p.	Music (type: _____)		
q.	Other (please explain: _____)		

CRIMINAL RECORD INFORMATION: Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? ___ Yes ___ No (A conviction record will not necessarily disqualify you from volunteering.)

If yes, give conviction date, crime convicted of, law enforcement agency, court jurisdiction, disposition, and type(s) of rehabilitation, if applicable: _____

I understand that in accepting this application, Livingston HealthCare is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. I understand that none of the documents, procedures, actions, statements of Livingston HealthCare or its representatives used during the employment process is deemed a contract of employment, real or implied. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Livingston HealthCare is a drug-free workplace. Job offers are contingent upon successfully passing a drug screening test. Consent to be drug tested is a condition of employment. Livingston HealthCare does not accommodate the medical use of marijuana in the workplace, which is in accordance with Montana Code.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application, or omission of fact on either this application or during the pre-employment process, may result in my application being rejected, or, if I am hired, in my employment being terminated. I understand also that I am required to abide by all rules and regulations of the employer.

Furthermore, I understand that any offer of employment made to me by Livingston HealthCare is conditional upon satisfactory completion/fulfillment of all pre-employment requirements (e.g. drug screen, PPD "TB" testing, criminal background checks, etc.)

Signature of Applicant

Date

Printed Name of Applicant