



PLEASE COMPLETE FORM AND RETURN TO:
Heart 'n Home Hospice & Palliative Care, LLC
Attn: Volunteer Coordinator
Thank you for your interest in volunteering
at Heart 'n Home!

FRUITLAND, ID
 1100 NW 12th Ave.
 Fruitland, ID 83619
 PH: 208-452-2663
 FX: 208-452-2665

EMMETT, ID
 306 S Washington Ave.
 Emmett, ID 83617
 PH: 208-365-2099
 FX: 208-365-2902

CALDWELL, ID
 1815 S 10th Ave.
 Caldwell, ID 83605
 PH: 208-454-0262
 FX: 208-454-0232

MERIDIAN, ID
 3557 E. Overland Rd
 Meridian, ID 83642
 PH: 208-288-1143
 FX: 208-288-1145

BAKER CITY, OR
 1405 Campbell St.
 Baker City, OR 97814
 PH: 541-524-7688
 FX: 541-524-7682

WWW.HEARTNHOMEHOSPICE.COM

VOLUNTEER APPLICATION

IDENTIFYING INFORMATION

Name: _____
 Date of Birth: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Cell #: _____ Work #: _____

EMERGENCY CONTACT INFORMATION

In Case of Emergency Notify: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Cell #: _____ Work #: _____

PERSONAL INFORMATION

How did you hear about Heart 'n Home Hospice & Palliative Care, LLC? _____

Do you have a valid driver's license? Yes No Do you have current auto insurance? Yes No
A copy of driver's license and auto insurance must be submitted prior to providing transportation to patients and/or their families.

Have you ever been convicted of any crime other than a parking ticket? Yes No
If yes, please provide details: _____

Do you have any DUI or DWI arrests or convictions? Yes No

What is your preference for Volunteer Orientation sessions? Weekdays Weekends
Classes are scheduled in different locations and times throughout the year. We will try our best to accommodate your preference.

EDUCATION/EXPERIENCE:

Degree(s) attained: _____ Field(s) of Study: _____

Professional Certification: _____ State License Number: _____

Language Skills: English Spanish French German Italian Other: _____

List those items you believe would be helpful to you at Heart 'n Home (i.e. schooling, work, experience, office skills, crafts, etc.): _____

EMPLOYMENT: (Current or Most Previous)

Employer: _____ Job Title: _____

Business Phone: _____ Work Hours: _____ Full-time Part-time

Briefly describe the work you do/did: _____

VOLUNTEER EXPERIENCE:

What volunteer service have you done in the past? _____

What service or social clubs do you belong to? _____

Briefly describe duties: _____

VOLUNTEER INTERESTS:

Indicate Areas of Interest: (Check All That Apply)

- One on One Direct Patient Care/Family Support
- Special Projects - Health Fairs, Parades, Community Events, etc...
- Nursing Home/Care Facility Visitation
- Specialized Skills (i.e. Beautician/Barber/Yard Work/Massage) Please Specify: _____
- Transportation
- Cicely Project (Assist with Youth Service Events)
- Beacon of Light Representative and Outreach
- Complementary Therapies (i.e. Art, Music, Aromatics) Please Specify: _____
- Other (Please List): _____

Signature: _____ Date: _____

HEART 'N HOME VOLUNTEER FEEDBACK & REFLECTION

If you are applying to volunteer with Heart 'n Home patients and their families, please take the time to answer this questionnaire to the best of your ability. Your responses are important and kept confidential.

- | | | | | | | | | | | | | | |
|---|---|-------------------|-----------|------------------|-----------|-------------|-----------|--|-----------|---------------------|-----------|------------------|-----------|
| <p>1. Has anyone close to you died?
 <input type="checkbox"/> None
 <input type="checkbox"/> Parent
 <input type="checkbox"/> Sibling
 <input type="checkbox"/> Friend
 <input type="checkbox"/> Grandparent
 <input type="checkbox"/> Relative
 <input type="checkbox"/> Child
 <input type="checkbox"/> Spouse</p> <p>2. When did this death occur?
 <input type="checkbox"/> Less Than 1 Year
 <input type="checkbox"/> Within Last 5 Years
 <input type="checkbox"/> Over 5 Years</p> <p>3. If a patient should have a lifestyle that is different to your own beliefs and values, what is your reaction?
 <input type="checkbox"/> Say Nothing
 <input type="checkbox"/> Accept and Respect
 <input type="checkbox"/> Disapproval, Then Acceptance
 <input type="checkbox"/> Try To Help Bring About Change
 <input type="checkbox"/> Asked To Be Excused I Disagree</p> <p>4. To what extent are you afraid of being alone with a patient at death?
 <input type="checkbox"/> Extremely
 <input type="checkbox"/> Very Much
 <input type="checkbox"/> Moderately
 <input type="checkbox"/> Slightly
 <input type="checkbox"/> Not At All</p> <p>5. How well do you work with others as a team?
 <input type="checkbox"/> Extremely
 <input type="checkbox"/> Very Much
 <input type="checkbox"/> Moderately
 <input type="checkbox"/> Slightly
 <input type="checkbox"/> Not At All</p> <p>6. To what extent do you enjoy talking to others?
 <input type="checkbox"/> Extremely
 <input type="checkbox"/> Very Much
 <input type="checkbox"/> Moderately
 <input type="checkbox"/> Slightly
 <input type="checkbox"/> Not At All</p> | <p>7. To what degree did the following reasons influence your decision to volunteer for Heart 'n Home Hospice & Palliative Care, LLC?

 (1 = Extremely, 2 = Very Much, 3 = Moderately, 4 = Slightly, 5 = Not At All)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Community Service</td> <td style="text-align: right;">1 2 3 4 5</td> </tr> <tr> <td>Make New Friends</td> <td style="text-align: right;">1 2 3 4 5</td> </tr> <tr> <td>Help Others</td> <td style="text-align: right;">1 2 3 4 5</td> </tr> <tr> <td>Increase Problem Solving/Coping Skills</td> <td style="text-align: right;">1 2 3 4 5</td> </tr> <tr> <td>Learn To Face Death</td> <td style="text-align: right;">1 2 3 4 5</td> </tr> <tr> <td>Spiritual Growth</td> <td style="text-align: right;">1 2 3 4 5</td> </tr> </table> <p>8. To what extent do you feel uncomfortable sitting in silence while with another person?
 <input type="checkbox"/> Extremely
 <input type="checkbox"/> Very Much
 <input type="checkbox"/> Moderately
 <input type="checkbox"/> Slightly
 <input type="checkbox"/> Not at All</p> <p>9. How comfortable do you feel in handling an emergency situation?
 <input type="checkbox"/> Extremely
 <input type="checkbox"/> Very Much
 <input type="checkbox"/> Moderately
 <input type="checkbox"/> Slightly
 <input type="checkbox"/> Not At All</p> <p>10. How much difficulty do you have working with unresponsive people?
 <input type="checkbox"/> Extremely
 <input type="checkbox"/> Very Much
 <input type="checkbox"/> Moderately
 <input type="checkbox"/> Slightly
 <input type="checkbox"/> Not At All</p> <p>11. To what extent do you feel you are a good listener?
 <input type="checkbox"/> Extremely
 <input type="checkbox"/> Very Much
 <input type="checkbox"/> Moderately
 <input type="checkbox"/> Slightly
 <input type="checkbox"/> Not At All</p> | Community Service | 1 2 3 4 5 | Make New Friends | 1 2 3 4 5 | Help Others | 1 2 3 4 5 | Increase Problem Solving/Coping Skills | 1 2 3 4 5 | Learn To Face Death | 1 2 3 4 5 | Spiritual Growth | 1 2 3 4 5 |
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| Increase Problem Solving/Coping Skills | 1 2 3 4 5 | | | | | | | | | | | | |
| Learn To Face Death | 1 2 3 4 5 | | | | | | | | | | | | |
| Spiritual Growth | 1 2 3 4 5 | | | | | | | | | | | | |

12. Heart 'n Home works with people with cancers, AIDS, dementia, as well as other illnesses and concerns. Describe your feelings about what it may be like for you to be with people with serious physical limitations or altered appearances resulting from their illness or its treatment. _____

13. Describe your personal experience with grief and your feelings about the grieving process. _____

14. Have you spent time with someone very sick and/or dying? If so, please describe briefly. _____

15. It is important for Volunteers to have good emotional support in their own lives. What sources of emotional support do you have access to for yourself? _____

16. Because our goal is to build relationships with our patients and their families, we encourage our Volunteers to commit to at least one hour a week for six months to be part of the ongoing care team. How do you feel about the time and energy needed to volunteer? _____

17. Any additional thoughts that you would like to share or like us to know? _____

EMPLOYMENT POLICIES AND RELEASE FORM

There are a number of Heart 'n Home Hospice & Palliative Care, LLC policies that an volunteer applicant needs to know about, and agree to before being employed. There also are a number of activities that Heart 'n Home Hospice & Palliative Care, LLC may want to instigate as part of the review and investigation of the appropriate background information on an applicant. The purpose of this document is to present these policies and investigative activities to the applicant to ensure that they are understood and agreed to at the time the application is submitted.

We, therefore, ask that you please read, complete, and sign this form before submission of the Volunteer Application for employment.

POLICIES

Among the policies that have been adopted at Heart 'n Home Hospice & Palliative Care, LLC are the following that we believe are important for an applicant to know in advance of employment, which are listed below. Your signature on this Release Form indicates that you have read, understand, and would agree to operate under these policies if employed at Heart 'n Home Hospice & Palliative Care, LLC.

1. This firm is an equal employment opportunity employer and does not discriminate because of age, sex, race, color, national origin, disability, or religious preference.
2. Heart 'n Home Hospice & Palliative Care, LLC is a drug and alcohol free-workplace. To ensure worker safety and integrity of the workplace, Heart 'n Home Hospice & Palliative Care, LLC prohibits the illegal manufacture, possession, distribution or use of controlled substances or alcohol in the workplace by its employees or those who engage or seek to engage in business with Heart 'n Home Hospice & Palliative Care, LLC. Offers of employment, therefore, may be conditioned on a physical examination, including a drug and alcohol screening.
3. You also authorize and request any and all of your former employers to furnish any and all information regarding your job performance. You agree to hold your former employers and their agents harmless from all liability that could relate in any way to the disclosure of private information or an assessment or opinion of your suitability for employment.

In closing, we ask that you read [and complete where needed] the remaining three [3] statements and that your signature on this Release Form indicates you understand each.

1. I have read and understand the job description for the position of a Volunteer.
2. I understand that misrepresentation or omission of facts herein is cause for termination.
3. I have read and understand the attached application and have answered all portions of the application truthfully and correctly with no omissions.

Signature

Date

PUBLICITY RELEASE

I hereby consent that Heart 'n Home Hospice & Palliative Care, LLC is authorized to use my name, title, portrait, picture, video image, photograph or any reproduction of likeness of me or quotation of my remarks for public information, fund-raising purposes or in use of other hospice programs as approved by Heart 'n Home Hospice & Palliative Care, LLC.

Permission is hereby granted to use personal information about myself and my family and the circumstances of my relationship with Heart 'n Home Hospice & Palliative Care, LLC as deemed appropriate by Heart 'n Home Hospice & Palliative Care, LLC.

Signature

Date

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention ("Employment"), **Heart 'n Home Hospice & Palliative Care, LLC** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Heart 'n Home Hospice & Palliative Care, LLC**. **Heart 'n Home Hospice & Palliative Care, LLC** uses **AbsoluteHire**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

AbsoluteHire will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal ADA Act, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Heart 'n Home Hospice & Palliative Care, LLC** and **AbsoluteHire**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Heart 'n Home Hospice & Palliative Care, LLC** if Employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Heart 'n Home Hospice & Palliative Care, LLC**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **AbsoluteHire**, 3000 Lava Ridge Ct, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signed _____ Today's Date _____

Printed Name _____ Position Applied For _____

_____-_____-_____/_____/_____
 Social Security Number Date of Birth Driver's License Number State

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr

Current Address: _____ / _____
 Street Apt.# City State Zip Code From / To?

Former Address: _____ / _____
 Street Apt.# City State Zip Code From / To?

Former Address: _____ / _____
 Street Apt.# City State Zip Code From / To?