



1710 Underpass Way, Hagerstown, MD 21740
Phone: 301-791-6360 Fax:301-791-9120

APPLICATION FOR VOLUNTEER WORK

In conformity with applicable laws, Hospice of Washington County, Inc. (HWC) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, age, marital status, national origin, or disability.

Date: _____

1. Name: _____
Last First Middle

2. Address: _____
Street

City State Zip Code

3. Telephone Number: Home: _____ - _____ - _____ Cell _____ - _____ - _____
Work _____ - _____ - _____

4. Email Address: _____

5. Emergency Contact: Name: _____ Relationship: _____

Telephone Number: Home: _____ - _____ - _____ Cell _____ - _____ - _____
Work _____ - _____ - _____

6. Employment Status:
 Currently Employed- Occupation: _____
 Unemployed
 Retired
 Full-time student
 Other: _____

7. Highest Level of Education Completed:

- High School Diploma
- Associate's Degree
- Bachelor's Degree
- Master's Degree

- PhD
- Other: _____

Volunteering Background and Experiences:

8. Please explain briefly why you are interested in volunteering for Hospice of Washington County, Inc.

9. Describe any personal experiences in the areas of death and dying and year of occurrences.

10. Describe volunteer work you have done in the past or are doing currently.

11. How did you learn of the volunteer program at Hospice of Washington County?

12. Volunteer Skills- Please mark any of the skills or talents you have

| | | |
|--|---|-----------------------------------|
| Languages/Other than English (please specify) | Sign Language | Licensed Cosmetologist |
| Licensed Massage Therapist | Reiki Master | Music (vocal and/or instrumental) |
| Arts & Crafts / Sewing / Knitting | Registered handler of a therapy dog or other pet – please specify | Computer Skills – List Programs |
| Comfort with Technology – please select one: | | |
| Never touched a computer or smartphone | | <input type="checkbox"/> |
| Have a computer/laptop/tablet or Smartphone for calls/emails | | <input type="checkbox"/> |
| Have several devices and comfortable with Microsoft Office | | <input type="checkbox"/> |
| Other (please specify) | | |
| Hobbies, Interests, Extracurricular Activities (please list): | | |

13. Areas of Interest:

Direct Service (Patient Care and Bereavement Support) – Check all that apply

| | |
|--|--|
| In Home-Companion Care | |
| In Facility (Nursing Home or Assisted Living) – Companion Care | |
| Shopping/Errands | |
| Household Chores | |
| Cooking/Meal Prep/Delivery | |
| Yard Work | |
| Bereavement Calls | |

In-Direct Service (Non-Patient Care) – Check all that apply

| | |
|--|--|
| Receptionist – HWC and/or Doey’s House | |
| Fundraisers/Events | |
| Other Clerical | |

14. Are you a Veteran? ___ Yes ___ No

15. Branch of Service _____

16. Completion of 16 hours of training is required for volunteers who will be visiting with patients. The training could be provided virtually, in person, or a hybrid of both. Would there be any obstacle to you completing a 16-hour training? ___ Yes ___ No

17. Do you have a valid driver’s license, car insurance and dependable car? ___ Yes ___ No

18. Criminal Background

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? ___ Yes ___ No
If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment).
