

# Hospice of Marion County

# Volun-Teen Application

P.O. Box 4860 Ocala, Florida 34478-4860 (352) 873-7441 FAX (352) 873-7432

We welcome new applicants and hope that you will find a place of service that will be fulfilling and meet the needs of our organization, patients and families. Please print clearly and complete all sections.

**Interested in:**  Administrative  Hospice House  Thrift Stores

**Referral Source:** School  Employee  Website  Other \_\_\_\_\_

NAME \_\_\_\_\_  
                     Last                      First                      Middle

ADDRESS \_\_\_\_\_  
                     Street                      City                      State                      Zip Code

TELEPHONE # \_\_\_\_\_  
                     Home                                      Cell

E-Mail Address: \_\_\_\_\_

Are you at least 16 years old?  Yes  No

Are you related to any Hospice employees?  Yes  No If yes, give name and relationship:

**Skills & Qualifications:**

Summarize previous volunteer or educational experience relevant to the volunteer work you would like to do:

\_\_\_\_\_  
 \_\_\_\_\_

**Education Background:**

| Current School | Expected graduation year | GPA |
|----------------|--------------------------|-----|
|                |                          |     |

**References:**

Please list THREE responsible persons other than relatives who have knowledge of your qualifications for being a volunteer (e.g., coach, counselor, teacher, minister, employer or other who can give a reference.)

| Name | Telephone                              | Years Known |
|------|--|-------------|
| 1.   | Work ( )                      Home ( ) |             |
| 2.   | Work ( )                      Home ( ) |             |
| 3.   | Work ( )                      Home ( ) |             |

**Emergency Contacts (Two contacts are required.)**

| Name | Relationship | Phone |
|------|--------------|-------|
| 1.   |              |       |
| 2.   |              |       |

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts, or incomplete answers in any application document will disqualify me from further consideration. I further understand that any misrepresentations or omissions of facts in any application document will result in my dismissal without prior notice regardless of when such misrepresentation or omission is discovered.

I authorize Hospice of Marion County to contact and obtain information from all references, employers, educational institutions and to otherwise certify the accuracy of the information contained in this application.

I understand that a background check will be performed before acceptance as a volunteer to comply with state and federal regulations governing volunteers for Hospice organizations.

I hereby release from liability the Hospice of Marion County and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations furnishing information. I understand and agree that the receipt by Hospice of Marion County of any negative references or information could result in disqualification of acceptance or accepted dismissal as a volunteer without prior notice.

Hospice of Marion County does not unlawfully discriminate and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for volunteering on a basis prohibited by local, state or federal law.

I understand it is the Hospice of Marion County's policy not to refuse a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that I will be required to provide proof of identity.

Hospice of Marion County, Inc and its Affiliated Companies maintain a 90 day introductory period for all new volunteers. The purpose of the introductory period is to establish an initial period of volunteering as a "trial" period so that volunteers and volunteer supervisors can determine compatibility. The introductory period is intended to give volunteers time to demonstrate their ability to achieve a satisfactory level of performance and to determine if the position meets their expectations. Volunteer supervisors also use this time to evaluate the volunteer's capabilities, work habits, and overall performance. Either the volunteer or Hospice of Marion County, Inc and its Affiliated Companies may end the volunteer relationship at will at any time during or after the introductory period.

I have read and fully understand the foregoing and will abide by its terms and conditions.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please answer all questions to be considered for a position. Thank you!**