

Record Checks

Due to the serious nature of the work done by Trellis Supportive Care and the responsibility placed upon volunteers, we will conduct criminal history background checks before accepting an individual into the volunteer program.

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain: _____

Availability

(Please check all that apply)

____ Daytime

____ Evening

____ Weekend

References

Please provide the name, complete mailing address and phone number of two professional or personal references. *Family members are not an acceptable reference.*

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email (optional) _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: (optional) _____

Questionnaire

1. Why do you want to become a volunteer with our organization?

2. If you were told you only had six months to live, what would you do?

3. What are your experiences with and/or personal philosophy on death/grief?

4. In which geographic areas (zip codes) are you willing to volunteer?

Areas of Interest

Please identify the areas of service that interest you. (mark all that apply)

* Hospice Home * Welcome Desk *Home Care *Nursing Facilities * Office Support

**Notary Public **Complementary Therapy **Animal Assisted Therapy **Haircuts

* ***Requires 12 hour volunteer training class***

** ***Requires 12 hour volunteer training class as well as additional specific training and/or certification***

~Speakers Bureau/Health Fairs ~ Gardening ~ Hospice Bingo at Nursing Facilities

Church Liaison Sewing Baker Pantry Patrons

Youth IMPACT (Middle school to college aged-please complete teen application)

~ ***Requires Volunteer Orientation***

Are you a Veteran? If so, in which branch of the military did you serve? _____

List additional special skills & talents (i.e., multi-lingual, photography, hobbies/crafts or computer skills)

Signatures and Authorization

At times, information concerning a volunteer may be used in a press release, for fundraising purposes or other reasons deemed appropriate by Trellis Supportive Care. By submitting this application, the volunteer provides consent for Trellis Supportive Care to use the volunteer's name, title, portrait, picture, video image, photograph, or any reproduction likeness or quotation of the volunteer's remarks for public information, fund-raising purposes, or other organization programs as approved by Trellis Supportive Care.

Trellis Supportive Care is not obligated to provide a placement, nor are you obligated to accept a position offered. Opportunities for volunteers are provided without regard to race, color, religion, gender, sexual preference or orientation, genetic information, national origin, age, disability, or veteran status.

I understand that all volunteers represent Trellis Supportive Care and are subject to the rules and regulations of the organization. I authorize the organization to acquire additional information from references included in this application and I hereby release them, their companies and Trellis Supportive Care from any liability whatsoever concerning this information obtained through this application.

The information provided has been completed thoroughly and truthfully by the Volunteer Services Program Applicant. This application and any other documents obtained during this application process will remain confidential in the Trellis Supportive Care Volunteer Services Office.

Applicant Name: (Please Print) _____

Applicant Signature: _____

Date: _____