

Hemet Hospice Volunteers, Inc.

VOLUNTEER APPLICATION

Thank you for your interest in volunteering for Hemet Hospice Volunteers, Inc.

Please Print

IDENTIFYING/PERSONAL INFORMATION:

Birth day: _____ (Day/Month)

Name: _____

Street Address: _____ City: _____ Zip: _____

Seasonal Address: _____

Home Phone #: _____ Cell Phone #: _____

Driver's License or ID#: _____ Email Address: _____

List fluency in languages other than English: _____

Have you ever been convicted of a felony? _____ Define: _____

EMERGENCY INFORMATION:

In case of emergency, please contact: _____

Relationship: _____ Phone #: _____

Address: _____

Physician (optional): _____ Phone #: _____

VOLUNTEER AREAS OF INTEREST (Please indicate your areas of interest with a ✓)

- | | |
|---|---|
| <input type="checkbox"/> Office Support Volunteer | <input type="checkbox"/> Event/Fundraising Volunteer |
| <input type="checkbox"/> Adult Bereavement Volunteer (phone calls)* | <input type="checkbox"/> Youth Bereavement Volunteer |
| <input type="checkbox"/> Craft Group Volunteer | <input type="checkbox"/> Community/Outreach Volunteer |
| <input type="checkbox"/> Independent Craft Volunteer (crafting from home) | <input type="checkbox"/> Patient Support Volunteer* |
| <input type="checkbox"/> Bake Sale Volunteer | <input type="checkbox"/> Cookie Baking Volunteer |
| <input type="checkbox"/> Kids Camp Volunteer | |
| <input type="checkbox"/> Flower/Landscape (Arbor Hospice Home) Volunteer | |

The volunteer interests with an asterisk are volunteer opportunities with our sister agency, Arbor Hospice.

Please check availability:

- | | | | |
|-------------------------------------|---------------------|------------------------------------|---------------------|
| <input type="checkbox"/> Mondays | from _____ to _____ | <input type="checkbox"/> Thursdays | from _____ to _____ |
| <input type="checkbox"/> Tuesdays | from _____ to _____ | <input type="checkbox"/> Fridays | from _____ to _____ |
| <input type="checkbox"/> Wednesdays | from _____ to _____ | <input type="checkbox"/> Saturdays | from _____ to _____ |

How did you hear about Hemet Hospice Volunteers, Inc.?

Please let us know of any special circumstances that may impact your volunteer assignments:

My signature confirms that all of the above data is accurate:

Signature: _____ Date: _____



Hemet Hospice Volunteers, Inc.

COMMITMENT AND CONFIDENTIALITY POLICY

Believing that Hemet Hospice Volunteers, Inc. has need of my services as a Volunteer, I agree to:

- ◆ Donate my services to the organization for humanitarian and charitable reasons, upholding the traditions, standards, core values and the mission of Hemet Hospice Volunteers, Inc. without consideration of monetary compensation, material gain or employment consideration.
- ◆ Be mindful of excessive cell phone use while performing my volunteer duties. I understand that certain volunteer positions will require that I completely turn off or place my cell phone on vibrate while on duty.
- ◆ Be an ambassador of goodwill within our communities at large, regardless of the capacity in which I am volunteering.
- ◆ Will wear the Volunteer ID Badge while on duty performing my volunteer services for Hemet Hospice Volunteers, Inc.
- ◆ Conduct myself with dignity and consideration for others.
- ◆ Be punctual and conscientious in the fulfillment of the duties assigned, complete all assignments that I've committed to and accept supervision graciously.
- ◆ Communicate in a timely manner future absences or any other related circumstances which may affect my ability to complete my assigned duties.
- ◆ Hold as absolutely confidential all information that I may obtain directly, or indirectly, concerning patients, staff, volunteers and pertinent agency information concerning the viability of the organization.
- ◆ Attempt to resolve any problems related to my volunteer activities with my direct supervisor. If unsuccessful, I will request to resolve such problems with the Volunteer Coordinator and/or the Executive Director.
- ◆ Understand that Hemet Hospice Volunteers, Inc. reserves the right to terminate my status as a volunteer for the reasons listed, but not limited, to those above.

I acknowledge the receipt of the above policy and agree to abide by its conditions.

VOLUNTEER (printed name): _____

VOLUNTEER (signature): _____ **DATE:** _____



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A BRIEF EXPLANATION OF EACH VOLUNTEER OPPORTUNITY

Craft Group Volunteer - Historically, the Craft Group has been run solely by volunteers who have done an amazing job! This group of ladies meet every Monday at the Stetson Avenue office from 9am -11:30am. They create crafts and gifts that are sold throughout the year at our seasonal Craft Boutiques.

Independent Craft Volunteer - This group of ladies and guys do their creating in the comfort of their own homes, bringing their completed items by the office a couple weeks before the scheduled Boutique dates.

Office Volunteer - We have occasional mailings or other projects that need assembling. This work is not consistent, but when we have a large mailing or a project, we would like to be able to contact a group of volunteers to help. There may be some occasional data entry on the computer available under this category also.

Walk 'n Talk (Volunteer Lead) - The Walk 'n Talk group meet at the Hemet Valley Mall every Monday through Friday at 8am. Many of these walkers have participated in our bereavement groups and are ready to move on to socializing while walking to enhance their quality of life. We are always on the lookout for someone who is willing to head-up this group.

Community Outreach and/or Community Ambassador Volunteers - This volunteer job has a couple tasks that fall under its title. Volunteers are needed to go out into the community (examples: Starbucks, Grocery Stores, Senior Centers, Hospitals, places that have a community bulletin board), to post flyers. These places would need to be revisited on a regular basis to make sure our information is continually stocked. This opportunity also offers opportunity to represent Hemet Hospice at Health Fairs. Health Fairs involve a 3-4hr. commitment at each venue.

Event/Fundraising Volunteers - These volunteers would help out when we need to plan for big events as committees members, helping-out on the actual day of the event, planning and/or helping with any fundraising events that may take place at the Arbor Hospice Home. Under this category, we also need volunteers to go out to businesses in the community to ask for gift basket items, gift cards, or things we could use for prizes at our events.

Youth Bereavement Volunteer - These volunteers work in teams within local school districts to provide group support to students in elementary, middle and high schools who have experienced the death of a significant person in their lives. Full training is provided to this volunteer. You must be 18 years or older to be considered. A TB Test and Background Check will be required.

month of June for three days. These volunteers help with the kids the weekend of our Happy Hearts Kids Camp. This can be for a few hours with crafts or other activities - it does not have to be for the whole weekend - perhaps just for a few hours or for one of the two days.

Cookie Baking Volunteer - This opportunity would be on an as-needed-basis. Sometimes we need to have cookies made to take out to places in the community. We buy Otis Spunkmeyer cookie dough that is pre-shaped and frozen; they simply have to be baked in the cookie oven we have in the office.

Flower/Landscaping Volunteer at the Arbor Hospice Home - This volunteer would oversee the general appearance of the Arbor Hospice Home on a regular basis. We do have a gardener for this facility, but there will be times when sprucing is necessary for occasions of special projects or for special events. If you have a "green thumb", let us know.

Bake Sale Volunteers - These volunteers love their gift of baking and would be the first we would call when planning a bake sale or special event. Homemade goodies are irresistible! A Lead Volunteer in this area would organize any Bake Sales that we might have during the year.

Hemet Hospice Volunteers, Inc.

Complete this page **ONLY IF** you are applying as a **Youth Bereavement Volunteer**.

BACKGROUND CHECK/TB TEST POLICY

Background Check

Specific volunteer positions require conducting personal background checks to confirm the integrity requirements for those responsibilities. A volunteer required to complete a background check will submit fingerprints to the Department of Justice. The Department of Justice will ascertain whether the volunteer has a pending criminal proceeding for a violent or serious felony or has been convicted of a violent or serious felony as they are defined in Penal Code Sections 667.5c and 1192.7c respectively.

As a volunteer, I give consent to have a background check processed as a prerequisite to my volunteer position as a _____.

VOLUNTEER (NAME PRINTED): _____

VOLUNTEER (SIGNATURE): _____

TB TEST REQUIRED

Volunteer responsibilities that involve interfacing with patients and/or working with children in public or private school venues require that the volunteer have a negative TB test result. As a volunteer, I consent to completing a TB Test as a prerequisite to my Volunteer position as a _____.

I acknowledge the receipt of the above policy and agree to abide by its conditions.

VOLUNTEER (NAME PRINTED): _____

VOLUNTEER (SIGNATURE): _____ **DATE:** _____



Hemet Hospice Volunteers, Inc.

DRESS CODE POLICY

The volunteer dress code is based on the agency's policy for paid staff. A dress code is required in order to maintain a safe environment and a standard that ensures appropriate representation of the agency to the public.

Hemet Hospice Volunteers, Inc. provides a dress code that accommodates the diversity of non-paid staff while ensuring that each volunteer is properly attired for the job to which he/she is assigned.

- ◆ All Hemet Hospice volunteers are required to practice good hygienic habits and wear clean clothes.
- ◆ Wearing strong fragrances is discouraged since some scents may have adverse effects on those with whom you interact.
- ◆ Both male and female volunteers will wear clothing that is comfortable and appropriate to their specific job at their respective job sites.
- ◆ Site managers will advise specifically what attire is appropriate; however, most volunteers wear casual clothes.
- ◆ Volunteers serving at Estate Sales are required to wear closed toe shoes.
- ◆ All volunteer shall wear their name badge while on duty in a volunteer capacity.

The following attire is never considered acceptable while representing Hemet Hospice Volunteers, Inc. regardless of the job assignment or venue:

- ◆ Skirts, dresses or shorts more than 3" above the knee
- ◆ Slippers or "flip-flops"
- ◆ Low-cut tops or tops that reveal bare midriffs
- ◆ Printed t-shirts with an offensive logo in word or design
- ◆ Cut-off jeans or jeans with holes
- ◆ Excessive visible piercings or body art

I acknowledge the receipt of the above policy and agree to abide by its conditions.

VOLUNTEER (PRINTED NAME): _____

VOLUNTEER (SIGNATURE): _____ **DATE:** _____

Volunteer Coordinator Signature: _____ Date: _____



Hemet Hospice Volunteers, Inc.

TIMESHEET POLICY

It is the policy of Hemet Hospice Volunteers, Inc. that all volunteers complete a monthly timesheet specifying the type of tasks performed, the categories of service, and the number of hours donated. This accountability is necessary to document and maintain records, to project schedules, and to help us as a not-for-profit organization in our grant application processes.

- ◆ Volunteers may obtain a timesheet from their direct supervisor, or from the volunteer coordinator's office.
- ◆ Supervisors will direct you regarding the manner in which you record the data requested.
- ◆ Generally, hours of service are recorded from the time you begin your assignment to the time you end your service. (Hours should be rounded off to the nearest quarter hour.)
- ◆ Your name, the category of service, the date and time worked must be entered.
- ◆ All time sheets must be signed by the volunteer and submitted to respective managers within one week following the end of each month.

I acknowledge the receipt of the above policy and agree to abide by its conditions.

VOLUNTEER (PRINTED NAME): _____

VOLUNTEER (SIGNATURE): _____ **DATE:** _____



Hemet Hospice Volunteers, Inc.

PUBLICITY RELEASE POLICY

One of the greatest rewards of working for Hemet Hospice Volunteers, Inc. is seeing the look on the faces of our volunteers in action. It is a joy to capture these moments technically, so we may share them with others at later dates.

There are also occasions where we have the opportunity to share the mission of Hospice through multiple media platforms such as, but not limited to, local newspapers, radio broadcasts, the agency's newsletter, television programs and flyers.

As a volunteer, you have the option of providing permission (or not) to use your likeness and/or name in promotions for Hemet Hospice Volunteers Inc. Please read the following paragraphs and sign below if you grant such permission.

"I hereby consent that Hemet Hospice Volunteers, Inc. or programs approved by Hemet Hospice Volunteers, Inc. and Arbor Hospice, be authorized to use my name, title, portrait, picture, video image, photograph or any reproduced likeness of me, or quotation or my remarks for public information, fundraising purposes, and use of other hospice programs as approved by Hemet Hospice Volunteers, Inc."

_____ I CONSENT TO THE TERMS OF THE PUBLICITY RELEASE POLICY
Initials

_____ I DO NOT CONSENT TO THE TERMS OF THE PUBLICITY RELEASE POLICY
Initials

I acknowledge the receipt of the above policy and agree to abide by its conditions.

VOLUNTEER (PRINTED NAME): _____

VOLUNTEER (SIGNATURE): _____ **DATE:** _____

