Cornerstone
HOSPICE & PALLIATIVE CARE Serving since 1984
LICENSE 5019096

Volunteer Application

Date_____

Last	**First**	**Middle**	**Nickname** *(optional)*

Address	**City**	**State**	**Zip**	**County**

Date of Birth *(mm/dd/yyyy)*

Home Phone:	**Work Phone:**	**Cell Phone:**	**Email:**

Person to notify in case of emergency:

Name: Relationship: Phone:

How did you hear about volunteering with Cornerstone Hospice? *(Check All That Apply)*

☐ Personal hospice experience ☐ Community event ☐ Radio/Newspaper/Community Publication ☐ Cornerstone Hospice website ☐ Television ☐ Employee/Friend/Volunteer *(Circle)* Name: _____

☐ Speaker ☐ Presentation ☐ Other: _____

Is volunteer service required for your school or community group? ☐ Yes ☐ No If yes, please briefly explain:

Are you a Veteran? ☐ Yes ☐ No If yes, what branch?

Have you experienced significant loss within the last 12 months? ☐ Yes ☐ No If yes, please briefly explain:

Why are you interested in volunteering for Cornerstone Hospice?

What are your areas of volunteer interest?

Patient/Family Care *(Check All That Apply)*

☐ Home Visits ☐ Nursing Facility Visits ☐ Hospice House –Inpatient Care Support ☐ Vigil ☐ Life Reviews
☐ Cooks/Servers ☐ Greeters ☐ Yard Work ☐ Hair Cuts ☐ Sewing ☐ Fix-It Projects ☐ Errands/Shopping
☐ Massage Therapy (License Required) ☐ Pet Therapy (Certification Required) ☐ Pet Peace of Mind Program
☐ Cornerstone Salutes

Bereavement Support *(Check All That Apply)*

☐ Bereavement Phone Support ☐ Bereavement Home Visit ☐ Bereavement Support Group Facilitating

Spiritual Care *(Check All That Apply)*

☐ Spiritual Phone Support ☐ Spiritual Care Home Visit

Non-Patient Services *(Check All That Apply)*

☐ Administrative/Office Support (M-F 8:30 a.m. – 4:30 p.m.) ☐ Donor Relations ☐ Special Events/Special Projects
☐ Computer skills: Word / Excel / PowerPoint / Data Entry *(Circle All That Apply)*

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We have a volunteer skills database and would like to include your information.
Please list skills and interests: *(Examples: music, arts/crafts, career/professional skills)*

Do you speak a foreign language? ☐ Yes ☐ No If yes, what language(s) do you speak? _____

Do you know sign language? ☐ Yes ☐ No

When are you available?

☐ Morning ☐ Afternoon ☐ Evening ☐ Weekend ☐ Flexible ☐ Seasonal

Best days for you to serve:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

How many hours per week? _____

In which of the following counties are you willing to serve?

☐ Lake ☐ Sumter ☐ Orange ☐ Osceola ☐ Polk ☐ Hardee ☐ Highlands

Do you have reliable transportation? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No **Do you have auto insurance?** ☐ Yes ☐ No

Do you have any medical problem, injury, physical limitations, chronic ailment, allergies or other condition that could affect your ability to perform volunteer work? ☐ Yes ☐ No If yes, please specify:

EMPLOYMENT HISTORY

Are you currently employed? ☐ Yes ☐ No

What is/was your profession?

Retired? ☐ Yes ☐ No

What was your latest or current job title:

If you are currently employed, please complete the following:

Place of Employment

Address

City State Zip

Phone Extension Fax Email

EDUCATION INFORMATION

(Please circle last grade completed)

High School 1 2 3 4 School:

College/University 1 2 3 4 School: Course of study/Major:

Post Graduate 1 2 3 4 School: Course of study/Major:

Cornerstone Hospice Volunteer Reference Form
(References must be at least **18 years of age and a non-relative**)

Applicant's Name: _____

Please name three people ***who are not family*** we may contact for a personal reference. ***All information must be complete*** in order to process.
Please print clearly.

1) Full Name_____ Relation _____

Full Address_____

City_____State_____Zip Code_____

Phone Number_____

Email: _____

2) Full Name_____ Relation_____

Full Address_____

City_____State_____Zip Code_____

Phone Number_____

Email: _____

3) Full Name_____ Relation_____

Full Address_____

City_____State_____Zip Code_____

Phone Number_____

Email: _____

All Direct Patient Volunteers will be required to have a 2 step Tuberculosis test & Level 2 background check which will include finger printing.