



Volunteer Application & Interview Questionnaire

Date: _____

Name: _____
Last MI First

Address: _____

Phone Number: H: _____ **C:** _____

Email: _____

Last 4 of SSN: _____ **Date of Birth:** _____

Volunteering:

Tell us a little about yourself.

What do you know about Hospice?

How did you hear about our volunteer program? _____

Why are you interested in volunteering with EverHeart Hospice?

Have you ever been a volunteer? If yes, when and where?

Volunteer Application & Interview Questionnaire

Have you experienced a significant personal loss? Yes No

Have you had a hospice experience in your life? Yes No

What do you hope to accomplish in volunteering with EverHeart Hospice?

Date you are available to start: _____

Are you 18 years of age or older? Yes No

Are you related to any current employee of this Agency? Yes No

If yes, name of the employee: _____

Are you related to a current board member? Yes No

If yes, name of the board member: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please list each conviction by offence and year. _____

(Conviction of a felony or misdemeanor does not preclude employment eligibility)

As a Volunteer for EverHeart Hospice, I understand that I may be required to complete annual education or training requirements. Yes No



Volunteer Application & Interview Questionnaire

Notice And Disclosure:

I, _____, applicant for employment with Hospice of Darke County, Inc. dba EverHeart Hospice (the Agency) do hereby grant the Agency permission to contact present and past employers (unless specified otherwise above) as well as those individuals I have listed as "References" for the purpose of verification of employment, and performance evaluations.

I hereby grant the Agency permission to thoroughly:

- Investigate any and all records pertaining to my present and past employment and personal references.
- Request and verify any education institutes I have attended. (Example: high school, college, trade school, etc.)
- Conduct a criminal background check or a limited background check.
- Conduct an investigation concerning my driver's license, place of residence, social security number and professional license.

I understand that employment is contingent upon information received during this process.

I attest to the fact that any and all information supplied above is accurate and true to the best of my knowledge. I understand that falsifying information is grounds for disqualification of employment consideration or immediate dismissal from employment.

Due to the nature of this business, staffing needs of the Agency vary, as do the duties of the position for which I have applied. It may be necessary for the Agency to change the shift/ hours/duties of the position for which I have applied in order to meet Agency needs serving eastern Indiana and western Ohio.

Applicant Signature: _____

Date: _____