



## **Volunteer Program Application Process Overview**

**The minimum requirements for becoming a Volunteer with Hospice & Palliative Care Charlotte Region vary depending on the volunteer job desired. Requirements, training and educational history are specified below for each volunteer position.**

1. Applicant completes the Volunteer Application Form.
2. Applicant returns completed application to:

**Hospice & Palliative Care Charlotte Region  
1420 East Seventh St.  
Charlotte, NC 28204**

3. After the application is received, a member of the Volunteer Services Department will contact the applicant for an interview.
4. A personal interview with the applicant is conducted by a member of the Volunteer Services Department.
5. Once references are checked, the applicant may be invited to an upcoming training.
6. Completed applications **do not** guarantee placement in a volunteer position.
7. All accepted applicants must complete the job-specific training required for the position filled.
  - **Office/Special Event Training** is an introduction and overview of the Hospice & Palliative Care Charlotte Region and regulations regarding services provided.
  - **Patient/Family Support Training** is an intensive 12-hour training required for direct contact with patients/ family members.
  - **Additional Training** may be required depending on the volunteer position.

*Thank you for your interest in volunteer opportunities at HPCCR.*

*If you have any questions please call Crystal England @ 704-335-3578*

## Volunteer Program Application

### Personal Information (Please Print)

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Do you have a loved one in hospice care at this time?  Yes  No

Have you experienced the death of a significant loved one within the past year?  Yes Month \_\_\_\_\_ Year \_\_\_\_\_  
 No

\*We ask that applicants desiring to volunteer directly with patients wait 9 months after the death of a loved one to begin the process of becoming a volunteer.

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_

### Volunteer History

Organization	From (Mo/Yr)	To (Mo/Yr)	Position/Description of Role

### Employment Experience

Name of Employer	From (Mo/Yr)	To (Mo/Yr)	Position/Description of Role

### Record Checks

Due to the serious nature of the work done by HPCCR and the responsibility placed upon volunteers, it is our practice to conduct criminal history background checks (CHBC) before accepting an individual into the volunteer program.

Have you ever been convicted of a criminal offense?  YES  NO

If yes, please explain: \_\_\_\_\_

### Areas of Service

Please identify the areas of service that interest you (check all that apply). For description refer to brochure or web site.

- Patient/Family Support                       Staff Support  
 Levine Dickson Hospice House             Group Opportunities  
 Special Skills: specify \_\_\_\_\_

### Skills and Abilities

Please identify all skills and abilities that apply. Also note any special skills and knowledge that might be pertinent for the volunteer position desired.

*Computer Skills (check all that apply):*

- Word     Excel     Outlook  
 Power Point                                       Website Design                                       Graphics Software  
 Publishing Software                               Video-audio                                       Database Management

Any additional computer knowledge/skills: \_\_\_\_\_

*Office Skills (check all that apply):*

- Fax Machine                                       Copier     Telephone  
 Calculator     Laminating Machine

Any additional office skills: \_\_\_\_\_

*Additional Skills and Talents (i.e., multi-lingual, theatrical skills, photography, artistic ability, hobbies/crafts, etc.):*

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

### Availability (Check one or more)

- Daytime  
 Evening  
 Weekend

### References

Please provide the name, complete address and phone number of two professional or personal references who are not related to you.

Name: \_\_\_\_\_ Relationship & Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship & Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Questionnaire**

**1. How did you hear about our volunteer opportunities?**

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**2. Why do you want to become a volunteer with our organization?** \_\_\_\_\_

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**3. What values can you bring to our organization?** \_\_\_\_\_

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**4. If you were told you only had six months to live, what would you do?** \_\_\_\_\_

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

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**6. In which geographic areas (zip codes) are you willing to volunteer?** \_\_\_\_\_

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## 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 HPCCR. By submitting this application, the volunteer provides consent for HPCCR 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 HPCCR.**

**HPCCR 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, religion, gender, ethnic origin, disability, age, or sexual orientation.**

I understand that all volunteers represent HPCCR 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 HPCCR from any liability whatsoever concerning information obtained through this application.

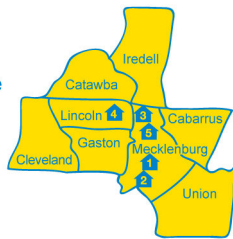
The information provided has been completed thoroughly and truthfully by the Volunteer Program applicant. This application and any other documents obtained during the application process will remain confidential in the HPCCR Volunteer Services Office.

Applicant Name (Print):

Applicant's Signature:

### *Serving eight counties from five locations...*

- 1 Hospice & Palliative Care  
Charlotte Region - Uptown
- 2 Hospice & Palliative Care  
Charlotte Region - South Charlotte
- 3 Hospice & Palliative Care  
Lake Norman
- 4 Hospice & Palliative Care  
Lincoln County
- 5 Levine & Dickson  
Hospice House



- Palliative Medicine
- Hospice Care
- Pediatric Care
- Grief Care
- Inpatient & Residential Hospice Care
- Professional & Community Education