



209 Grant St.
Chambersburg, PA 17201
717-504-3465
laanderson@hospiceofwc.org

APPLICATION FOR VOLUNTEER WORK

In conformity with applicable laws, Franklin Hospice is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, age, marital status, national origin, or disability.

1. Name: _____

Last

First

Middle

2. Address: _____

Street

City

State

Zip Code

3. Telephone Number: Home: _____ - _____ - _____ Cell: _____ - _____ - _____

Work: _____ - _____ - _____

4. Email Address: _____

5. Emergency Contact: Name: _____ Relationship: _____

Telephone Number: Home: _____ - _____ - _____ Cell: _____ - _____ - _____

Work: _____ - _____ - _____

6. Employment Status:

Currently Employed- Occupation: _____

Unemployed

Retired

Full-time student

Other: _____

7. Highest Level of Education Completed:

High School Diploma

Associate's Degree

Bachelor's Degree

Master's Degree

PhD

Other: _____

Volunteering Background and Experiences:

8. Please explain briefly why you are interested in volunteering for Franklin Hospice

9. Describe any personal experiences in the areas of death and dying and year of occurrences.

10. Describe volunteer work you have done in the past or are doing currently.

11. How did you learn of the volunteer program at Franklin Hospice?

12. Volunteer Skills- Please mark any of the skills or talents you have.

Languages/Other than English (please specify)	Sign Language	Licensed Cosmetologist
Licensed Massage Therapist	Reiki Master	Music (vocal and/or instrumental)
Arts & Crafts / Sewing / Knitting	Registered handler of a therapy dog (or other pet- please specify)	Computer Skills (please specify programs)
Other (please specify)		
Hobbies, Interests, Extracurricular Activities (please list):		

13. Do you have a valid driver's license, car insurance and dependable car? _____ Yes _____ No

14. Criminal Background

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? Yes _____ No _____

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment).

15. Completion of 16 hours of training is required for **volunteers who will be visiting with patients**. The training includes 10 ½ hours of classroom training and 5 ½ hours of self-study.

Please check desired class: _____ Daytime (8:30am-4:00pm) or _____ Evening (5:00-9:00pm)

* An alternative self-study option is available for those who are unable to take either class.