



Please submit completed application to:
Chandler Hall Health Services
Attn: Hospice Volunteer Office
99 Barclay Street
Newtown, PA 18940
(215) 860-4000 x 1403

HOSPICE VOLUNTEER APPLICATION

Volunteers are the backbone of our hospice program. Participants, residents, families and staff rely on their skills and their caring, as well as their dependability. If you successfully complete the pre-training interview and the hospice education program to become a volunteer, you are making a commitment. A hospice volunteer's contribution, whether twenty hours a week or two, is essential to help meet the needs of hospice patients and their families.

Date of Application: ___/___/___

Referral Source: Advertisement Employee Relative Court Directed
 Walk-In Teacher Friend Other

Name of Source _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number _____ Best Time to Call _____

E-Mail Address _____

Are you currently employed? Yes No Occupation _____

EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Home Telephone:	Work Telephone:

VOLUNTEER EXPERIENCE

Have you ever filed a volunteer application here before? Yes No If so, when: _____

Have you volunteered here before? Yes No If yes, give date: From ___/___/___ To ___/___/___

Upon completion of the Hospice Training Program, are you able to provide a minimum of one year of service to Chandler Hall Hospice? Yes No

Please list any volunteer experience you have had in the last two years:

Name of Program/Organization	Type of Duties Performed	Date
1.		
2.		
3.		

VOLUNTEER ASSIGNMENTS

Please indicate the days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings 8:00 AM - 12:00 PM							
Afternoons 12:00 PM - 4:30 PM							
Evenings 4:30 PM - 10:00 PM							
Nights 10:00 PM - 7:00 AM							

Please explain your interest in volunteering for Chandler Hall Hospice, including which role is of interest to you: home hospice, hospice pavilion, administrative, or bereavement.

LIFE EXPERIENCE

Have you experienced the illness and death of a family member or friend? Yes No

How long ago? _____ Their relationship to you _____

How did you cope with the process? _____

Describe your perceptions of death from a terminal illness _____

Do you have experience in dealing with people suffering from loss and grief? Yes No

Would you like to volunteer in the making of bereavement calls or visits to the bereaved? Yes No

Have you ever experienced a life-threatening illness? Yes No

Please describe what you believe is the Hospice concept and philosophy:

EDUCATION

High School _____

College _____ Degree _____

Other Education or specialized training _____

OTHER INFORMATION

If you know of any other information that is necessary for us to have, please share it below.

All information is strictly confidential.

Do you have any physical challenges or specific physical needs? Yes No
If yes, please describe _____

Do you have any allergies? Yes No
If yes, please describe _____

Are you opposed to pipes or smoking? Yes No

Are you opposed/allergic to pets/animals? Yes No

POLICY ON TIPPING

Chandler Hall values each and every volunteer member as an integral part of its quality team. There are team members who are visible on a daily basis and those who are never seen. However, everyone is needed to provide our services.

Volunteer members are instructed to refuse any tip or other gift offered to them by a resident or any family member, including any gift of money or property made to a volunteer under a resident's will. Acceptance of money or any other gift is in violation of this policy and will result in discharge.

I have read the aforementioned policy on tipping and gifts. Intending to be legally bound, I agree not to accept any tip or other gift made to me, including any gift of money or property made to me under a will or otherwise, from any resident or family member or any other person authorized to act on a resident's behalf. If a resident makes a gift to me under a will or otherwise, I, intending to be legally bound, agree to disclaim the gift and to sign any documents which are necessary to effectuate the disclaimer.

I acknowledge that violation of this agreement will be grounds for immediate discharge.

Signature/Date _____

CONFIDENTIALITY POLICY

Information concerning any resident's identity, diagnosis, family problems or lifestyle is considered confidential and shall not be discussed or otherwise passed on to any individual outside of Chandler Hall.

I have read and understand the policy stated above. As a volunteer, I accept its provisions both while I am a volunteer and after I leave the volunteer program at Chandler Hall.

Signature/Date _____

This signed form will be maintained in each volunteer's personnel file.

CRIMINAL HISTORY

Have you ever been convicted of or had a history of violent crime? Yes No

Have you ever been dismissed from volunteering due to abuse of clients or residents? Yes No

Have you ever been convicted of any felony or misdemeanor, including but not limited to larceny, embezzlement, forgery or other similar crime involving a breach of trust or the unlawful taking or withholding of property belonging to another? Yes No

If you answered "yes" to any of the previous three questions, please explain, in your own words, on a separate piece of paper.

All applicants are required to submit to a criminal history check upon completion of hospice training. Conviction of one or more of the crimes listed in the Older Adult Protective Services Act will result in a denial to volunteer.

PHOTOGRAPH / VIDEO RELEASE

I give Chandler Hall Health Services, a non-profit healthcare provider, my permission to take photographs and video recordings of me. These photographs and videos may be reproduced and used in promotional brochures, reports, and news releases. The photographs and videos can also be used for documentation and display purposes within the Volunteer Department and other areas of Chandler Hall Health Services. I hereby release and discharge Chandler Hall and its employees, agents, and representatives from any claims, liability, or results caused by the use of such photographs and videos.

Name _____

Signature/Date _____



Chandler Hall Conditional Volunteer

The Older Adults Protective Services Act requires Chandler Hall to verify that prospective volunteers have not been convicted of a crime(s) as listed in Act 169. (A copy of the listed crimes is on the next page). Anyone convicted of one of these crimes is not eligible for volunteering at Chandler Hall.

Applicants are asked to complete the following information to assist Chandler Hall in meeting the requirements of the Older Adults Protective Services Act. This information will be kept on file.

I have ___/have not ___ been a resident of Pennsylvania for two or more years prior to the date of my application. I affirm that this is a true statement and that any false statements and/or omissions may be considered sufficient cause for dismissal.

The following information is required to request a criminal history check:

Name (include maiden and/or alias) _____ Race _____

Social Security Number _____ Date of Birth _____ Sex _____

I, _____ understand that a criminal history background clearance will be requested of the Pennsylvania State Police, or the FBI if I live out-of-state or have not resided in PA for the past two years, and that I have never been convicted of a crime that would prohibit my volunteering at Chandler Hall. I also understand that any offer of volunteering is conditional and continued volunteering is based upon information to be received from the appropriate criminal justice agency. If the clearance request indicates convictions for crimes that prohibit my volunteering under the Act, I understand that my volunteering must be terminated in compliance with state law.

Signature/Date: _____

OLDER ADULTS PROTECTIVE SERVICES ACT
 Prohibitive Offenses Contained in Act 189 of 1996 as Amended by Act 13

May 2011
 Dept. of Aging

Following Offenses as Contained in PA Crimes Code (18 Pa. C.S.)		
Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Any ONE (1) FELONY or TWO (2) MISDEMEANORS within the 3900 Series (CC3901-CC3934) </div>
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	
CC3925	Receiving Stolen Property	
CC3926	Theft of Services	
CC3927	Theft By Failure to Deposit	
CC3928	Unauthorized Use of a Motor Vehicle	
CC3929	Retail Theft	
CC3929.1	Library Theft	
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	
CC3929.3	Organized Retail Theft	
CC3930	Theft of Trade Secrets	
CC3931	Theft of Unpublished Dramas or Musicals	
CC3932	Theft of Leased Properties	
CC3933	Unlawful Use of a Computer	
CC3934	Theft From a Motor Vehicle	
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4352	Intimidation of Witnesses or Victims	Any
CC4353	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Offenses as Contained in PA Controlled Substance, Drug, Device & Cosmetic Act (P.L. 233, No. 64)-PARTIAL LISTING*		
Offense Code	Prohibitive Offense Descriptor	Type/Grading of Conviction
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (I), (II), (III)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	ANY OTHER FELONY DRUG CONVICTION APPEARING ON PA RAP SHEET	

SIGNATURE

In applying for a volunteer position at Chandler Hall, I certify that the above information is accurate and correct to the best of my knowledge. I understand that providing false information may disqualify me from further consideration as a volunteer or result in discharge if discovered at a later date.

I authorize Chandler Hall to investigate my record and obtain any and all information necessary for volunteer consideration.

Signature/Date _____

REFERENCES

Name: _____ Phone: _____

Relationship: _____ How long have you known this person? _____

Address: _____

Name: _____ Phone: _____

Relationship: _____ How long have you known this person? _____

Address: _____

FOR OFFICE USE ONLY

Interviewed by: _____ Date: _____

Comments:

Outcome of Interview:

Thank you for completing our volunteer application. Please submit this application to the Hospice Volunteer Office and we will contact you to set up an interview to discuss hospice volunteer opportunities at Chandler Hall Health Services.

If you have any questions, please contact Amy Keiper-Shaw at (215) 860-4000 ext. 1403.