

**Ohio’s Hospice of Miami County** does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age if 40 or over, physical or mental disability, or any other characteristic protected by law.

**Are you over the age of 18? Yes No**

**PLEASE FILL OUT THE FORM COMPLETELY**

First Name Middle Last Nickname \_\_\_\_\_\_\_\_

Address City \_\_ State Zip

Main/Primary Phone Alternate Phone 1 Alternate Phone 2

E-Mail

Current or Former Employer

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

|  |  |  |
| --- | --- | --- |
| * Community Publication
 | * Pet Therapy Program
 | * Personal Hospice experience
 |
| * Facebook
 | * School/Community Organization
 |  |
| * Newspaper Advertisement
 | * Outreach Presentation/Fair
 |  |
| * Special Event/Fundraiser
 | * Friend/Neighbor/Co-Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name |
| * Employee/Volunteer Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

1. **Explain your interest in volunteering with Ohio’s Hospice of Miami County.**

1. **Special skills or training you are willing to share with us.**

1. **Volunteer service to other organizations in the last five years.**

**Over**

**OVER**

1. List two personal references and complete the top portion of the reference forms. Give the form to persons **NOT** related to you who have personal knowledge of your qualifications to volunteer. Request that the forms be completed and returned directly to Hospice of Miami County within one week.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone** | **Relationship** **(not related to you)** |
|  |  |  |  |
|  |  |  |  |

Hospice of Miami County will also conduct the criminal background check in compliance with the policy for all volunteer applicants.

I have been convicted of a crime. Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Crime | Plea | Court Disposition |
|  |  |  |  |
|  |  |  |  |

*As required, in order to volunteer, a 2-Step TB test will be performed.*

Smoking is prohibited in all facilities used by and partnered with Hospice of Miami County. To eliminate residual smoke contact for our patients and customers, all staff are prohibited from smoking, on or off the campus and must not have an odor of residual smoke, while on work time. This policy applies to all colleagues, staff, students, contracted personnel, volunteers, and vendors.

**Please confirm that you have read this statement and are willing to comply with this policy: Yes No**

**Please read carefully before signing**

Hospice of Miami County retains the right to verify all information provided by me. In the process of such verification, I fully authorize Hospice of Miami County to contact any person, school, organization, or employer listed to disclose all information necessary to verify information or statements. I release all persons who disclose such information from any liability or damages to me or anyone acting in my name. I waive any written notice of the release of such information that may be required by any state or federal law. Any falsification, misrepresentation, or omission, whenever discovered, shall be considered legitimate and sufficient grounds for dismissal.

Volunteering with OHI is at-will. This means that I may stop volunteering at any time. Similarly, Hospice of Miami County may terminate my volunteering at any time, with or without cause.

Signature Date

##  Please send or fax application to: Volunteer Services Department

Ohio’s Hospice of Miami County

PO Box 502

Troy, Ohio 45373

Phone: 937-335-5191 Fax 937-335-8841