

**HOSPICE OF EASTERN CONNECTICUT**  
A PROGRAM OF VNA EAST  
**VOLUNTEER APPLICATION FORM**

Date: \_\_\_\_\_

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

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

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

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

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

Social Security Number: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**BACKGROUND**

Current Employer: (Name & Address) \_\_\_\_\_

\_\_\_\_\_

Educational: \_\_\_\_\_

\_\_\_\_\_

Religions Affiliation (applicable for pastoral care volunteer only): \_\_\_\_\_

Professional License/Certification (please furnish copy): \_\_\_\_\_

Work & Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Skills (Typing, Business, Computer, Etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

\_\_\_\_\_

Have you experienced any personal losses during the past year? (if yes, please explain) \_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE REVERSE SIDE ALSO

Why Do You Want to be a Volunteer?: \_\_\_\_\_  
\_\_\_\_\_

What Type of Volunteer Work Would You Like to Do?: Family/Patient \_\_\_\_\_

Clerical \_\_\_\_\_ Pastoral \_\_\_\_\_

How many hours per week are you available?: \_\_\_\_\_ Hours of the Day? \_\_\_\_\_

Days Preferred: \_\_\_\_\_

Do you have access to transportation Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work in all of the towns swerved by the agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Circle towns preferred: Andover, Ashford, Chaplin, Columbia, Coventry, Franklin, Hebron,  
Lebanon, Mansfield, Marlborough, Scotland, Sprague, Willimantic, Willington Other

Where did you hear about Hospice? TV \_\_\_\_\_ Radio \_\_\_\_\_ Newspaper \_\_\_\_\_ Church \_\_\_\_\_  
Other \_\_\_\_\_

#### REFERENCES

**Personal:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

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

**Professional:** ( please provide if recently employed)

Name : \_\_\_\_\_ Phone \_\_\_\_\_

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

Title: \_\_\_\_\_

**Religious: Clergy person of your church/synagogue (applicable for pastoral care volunteers only):**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Title: \_\_\_\_\_

I understand that conviction of a crime will not be an automatic bar to Volunteer work and that VNA East will take into consideration the nature and date of the offense, as well as any rehabilitation that has occurred.

Have you been convicted of a crime (including motor vehicle violations requiring court appearance) in the **PAST TEN YEARS** which has not been annulled, expunged or sealed by a court?

Yes  No

If YES, describe in full: \_\_\_\_\_

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

You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Criminal records subject to erasure pursuant to these statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Applicant's Signature: \_\_\_\_\_

Date Orientation and Training Completed: \_\_\_\_\_

Volunteer Coordinator Signature : \_\_\_\_\_