



RIVERCROSS HOSPICE
SERVICES FOR THE MIND, BODY & SPIRIT™

Volunteer Application

Thank you for your interest in the Rivercross Hospice Volunteer Program.
We appreciate the time and thought you will invest in completing this application.
All information supplied herein is confidential.

Name: _____ Today's Date: _____

Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: (Ext.) _____

Other Phone: _____ Email Address: _____

Is it okay to identify Rivercross Hospice when calling or leaving a message at your home/work/other phone?

Home: Yes No

Work: Yes No

Other: Yes No

Emergency Contact: _____ Phone: _____

Professional Licenses, registrations and/or certificates: _____

Type Issued By Date Issued Number: _____

List any employment history, hobbies, interests or memberships in any club, organization, society or professional group that has a direct bearing on your volunteer activities (*you may omit those that indicate your race, creed, color, national origin, ancestry, gender, sexual orientation, physical or mental impairment, or medical condition*):

List any office machines or special equipment you can use: _____

Besides English, do you communicate in any other language(s)? Yes No

If yes, please list other language(s): _____ Speak Read Write

_____ Speak Read Write

I'm available: Days Evenings Weekends Once a Week Twice a Month Once a Month

Volunteer Opportunity Questionnaire



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Thank you for your interest in being a part of The Rivercross Hospice Volunteer Family. To make sure your volunteer experience is as fulfilling as possible, please indicate in order (1,2,3,4) all areas you are interested in volunteering for. You may choose all areas or just one.

Please note that all volunteers will attend an initial Volunteer Orientation of **three** hours. Additional training requirements are indicated next to the specific opportunity.

Patient/Family Support Volunteer:

Provide companion visits, emotional support and practical assistance, which enhance the comfort and quality of life for patients and families/caregivers. Patient support volunteers may also provide relief for caregivers or assist with household chores, delivery of needed supplies and other general errands.

*Additional 6 hours of training are required.

Bereavement Support Volunteer:

Provide support to those who have lost a family member or friend through home visits and telephone calls. Bereavement volunteers may also work with Chaplains in clerical support.

*Additional 3 hours of training with the Chaplain are required.

Office/Administrative Support Volunteer:

Provide administrative support to the Hospice staff regarding day-to-day operational activities. These activities may include assembling information packets, filing, photocopying, and assisting with mailings. Office support volunteers may also assist with contacting new patients/families after admission to assure that Rivercross Hospice is available whenever they have questions or needs.

Community Ambassador Volunteer:

Provide assistance at area health fair and/or community events where Rivercross Hospice is represented. Can also assist in arranging and participating in speaking engagements within the community.

Volunteer's Signature _____ Date _____

Rivercross Hospice

Code of Ethics for Volunteers



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As a volunteer, I realize that I am subject to a code of ethics similar to that which bind the professionals in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I UNDERSTAND THAT ANY INFORMATION THAT IS DISCLOSED TO ME WHILE ASSISTING THE HOSPICE IS CONFIDENTIAL.

I interpret “volunteer” to mean that I have agreed to work without compensation in money, but have been accepted as a volunteer worker. I expect to do my work according to standards set forth in the Volunteers Policies and Procedures.

Declaration

I hereby certify that statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application, I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer.

I affirm to have read the Code of Ethics for Volunteers and agree to abide by its regulations. I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities.

Please send the completed application directly to Rivercross Hospice:

KANSAS

Rivercross Hospice
Attention: Volunteer Coordinator
251 S. Whittier Street
Wichita, Kansas 67207

Phone: 316.260.9690

OR Fax to: 316.440.5562

OKLAHOMA

Rivercross Hospice
Attention: Volunteer Coordinator
9820 E. 41st Street, Suite 400
Tulsa, OK 74146

Phone: 918.622.9281

OR Fax to: 918.270.2867

Once this application is received, you will receive an acknowledgment letter, and will be contacted by phone to schedule an interview.

If you have any questions, we can be reached by email at volunteers@rivercrosshospice.com