

Journey Home

Volunteer Application

Please Print

Today's Date _____

Date Trained _____

Name: _____

Street: _____ **City** _____ **Zip** _____

Phone: (Mobile) _____ **(Other)** _____

Email address: _____

Date of Birth (optional) _____ **Gender (optional)** M F

What, if any, experience have you had with death or other loss? _____

Do you have any apprehensions concerning working with the dying? _____

Do you have any physical limitations? Please explain. _____

***** Due to new health care standards, Journey Home is required by law to conduct a background check on Direct Care Volunteers.** (Support Care Volunteers, who do not work in the house, are excluded.) **We are required to ask the following question:**

Have you ever been convicted of a felony? Y N

Explanation: _____

References: Please provide three references. These may be personal or professional, excluding immediate family members.

	Name	Relationship	Phone Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

(See Reverse)

Please check any of the following that may interest you.

Direct care of residents () offer hands on care to our residents

Support Volunteer () are those volunteers who do not provide direct hands on care but offer support to the home on an as needed basis.

If you are interested in Direct Care of residents, please circle one or more of the following:

Are you available: Days Afternoons Evenings Weekends

May we call you to see if you are available at times when we need help? Y N

EMERGENCY CONTACT INFORMATION

Name: _____

Phone: _____ **Relationship:** _____

Thank you for taking the time to complete this application.

We will be contacting you when we have set up the next Volunteer Training Session.

For Office Use :

Update: New Email Contact () "Current Volunteer" Chart () Confidentiality Stmt. ()

Call Book Sheet () Support Care Committees Notified ()

Other _____
