



Wings of Hope

Volunteer Application

Date _____

Name _____

Address _____

City, State Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Are you legally eligible for U.S. Employment? ☐ Yes ☐ No

1. Why are you interested in volunteering with Wings of Hope? _____

2. What other volunteer experiences have you had? What was your favorite/least favorite thing? _____

3. Have you experienced a significant loss in the past 12 months? ☐ Yes ☐ No
☐ Death ☐ Divorce ☐ Move ☐ Career/School Change

4. How do you cope with change/loss? _____

AVAILABILITY

☐ Days ☐ Evenings ☐ Nights ☐ Weekends ☐ Flexible

AREAS OF INTEREST

☐ Patient Care ☐ Bereavement ☐ Spiritual Care ☐ Administrative Support
☐ Crafting ☐ Special Programs ☐ Events/ Public Speaking ☐ Undecided

VOLUNTEER DEPARTMENT USE ONLY

Follow up _____



Volunteer Application

5. Are you currently employed? ☐ Yes ☐ No

Place of employment _____

6. What are your hobbies or interests? _____

7. List languages that you are fluent in. _____

Please list two (2) complete professional references.

Name _____ Phone _____

Relationship _____ Years Known _____

Address _____

Name _____ Phone _____

Relationship _____ Years Known _____

Address _____

Please list one (1) personal reference that is not related to you.

Name _____ Phone _____

Relationship _____ Years Known _____

Address _____

8. Do you possess a valid driver's license? ☐ Yes ☐ No

State of issue and number _____

9. Has your driver's license even been suspended or revoked? ☐ Yes ☐ No

10. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain _____

11. Have you ever had a license to provide health care revoked, limited, modified, or suspended? ☐ Yes ☐ No

12. Have you ever had any disciplinary action taken against your license to provide healthcare? ☐ Yes ☐ No

13. Have you ever had any criminal conviction relating to:

a) Any federal health care program including Medicare and Medicaid? ☐ Yes ☐ No

b) Patient neglect or abuse? ☐ Yes ☐ No

c) Health care fraud? ☐ Yes ☐ No

d) Use of controlled substance? ☐ Yes ☐ No

e) Fraud, theft embezzlement? ☐ Yes ☐ No

f) Breach of fiduciary responsibility or other financial misconduct? ☐ Yes ☐ No

g) Obstruction to a health care investigation? ☐ Yes ☐ No



Volunteer Application

PLEASE READ:

The facts set forth in my volunteer application are true and complete. I understand that if accepted in a volunteer role, false statements or omissions on this application will result in revocation of my volunteer status.

Permission is hereby given to Wings of Hope to investigate previous employment, educational background and references. I release Wings of Hope and former employers from any liability resulting from any lawful information provided which may result in termination of my volunteer status.

I understand that Wings of Hope has a policy requiring that a background check be completed on all volunteers, and will be done upon completion of the Volunteer Training Program at no cost to me. I agree to provide any additional information necessary to complete the background check.

I understand that Wings of Hope has a policy prohibiting conflicts of interest or improper use of proprietary information which prohibits any release or use of Company property that would interfere with the business interests or operations of Wings of Hope.

I understand that my volunteer status may be terminated at any time by either Wings of Hope or myself with or without cause.

Volunteer Signature _____ Date _____

1. Emergency Contact _____ Relationship _____

Address _____ Phone _____

2. Emergency Contact _____ Relationship _____

Address _____ Phone _____



Volunteer Application

Volunteer Name: _____

What would you personally like to gain from your volunteer work? _____

What might be the most challenging or difficult aspect of your volunteer work? _____

What do you anticipate are some of the issues our patients and their families face? _____

How do you handle stressful situations? _____

Would you rather work in a one-on-one setting or a group environment? _____

What accommodations should we make for your volunteer service (allergies, disabilities, etc.)? _____

What method of transportation will you use for your volunteer work? _____

What do you see yourself doing in your volunteer role? _____

Do you have any talents, skills, hobbies or interests that you would like to share with a patient? _____
