



# Volunteer Application

All qualified volunteer applicants will receive consideration for employment without regard to race, national origin, gender, age, religion, disability, sexual orientation, veteran status, or marital status, or other category protected by law.

Please print clearly and complete entire application, and sign where indicated. To be eligible for hospice volunteer opportunities you are requested to have a background check and a physical assessment. All volunteers working with patients or participants are also required to have a current COVID vaccine. TB test and Flu Shot are required annually.

## Personal Information

Date			
Your Name	Last	First:	MI:
Present Address	No. & Street City State Zip		
Permanent Address (if different)	No. & Street City State Zip		
Home Phone		Cell Phone	
Email Address			

## Volunteer Opportunity Information

**Check all that apply:**

Current Opportunity(s) for which you are interested:				
Type of Position:	<input type="checkbox"/> Hospice Care	<input type="checkbox"/> Adult Day Program	<input type="checkbox"/> Front Desk /General Office	<input type="checkbox"/> Other:
Restrictions, if any:				
Do you have adequate means of transportation to travel to client homes, or other volunteer opportunities at Collabria Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever worked for Napa Valley Hospice & ADS or Collabria Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please indicate days/hours when you are available to work:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Referral Source

How did you hear about the Collabria volunteer opportunities?

Website                      Newspaper                      Friend                      Other : \_\_\_\_\_

## Personal Information

Do you have any friends or relatives who work for Collabria Care? Yes  No

If yes, state name(s) and relationship:

Name:	Relationship:
Name:	Relationship:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years old? (If under 18 hire is subject to verification that you are of minimum legal age.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? If yes, state nature of the crime(s), when and where convicted, and disposition of case: _____

## Talents, Skills and Abilities

Please tell us about yourself and any experience, training or qualifications including languages other than English spoken fluently:


## References

List below two people have knowledge of your skills and interest within the last three years. References from school, volunteer organizations or family or friends are acceptable.

Name:		Phone Number:	
Occupation:		Company	
How acquainted?		For how long?	

Name:		Phone Number:	
Occupation:		Company	
How acquainted?		For how long?	

## Additional Volunteer and Life Experience

What previous life experience or volunteer experience have you had in relation to working with the elderly, people with dementia, Alzheimer's disease, chronic illness? Include your experience with and recovery from grief.


Why would you like to volunteer for Collabria Care?

---

What is your personal philosophy in regard to the process of aging, death and dying?

---

What are the important losses in your life and their approximate dates?

---

What are your sources of emotional/spiritual support?

---

How do you manage your own stress?

---

How do the significant people in your life feel about you volunteering with Hospice and/or Collabria Day Program?

---

## Signature

Please Read Carefully and Sign Below:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application shall be grounds for rejection of this application.
---

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

\_\_\_\_\_  
Date