



Acceptance – Empowerment – Peace – Freedom

Dear Hospice Volunteer Applicant:

Thank you for your interest in our volunteer program. Transitions Hospice highly values our volunteers and the service they provide to our patients and their families. We are experts in the art of living. We empower our patients and their families to embrace life. We focus on the practical side of living with tools and support. Volunteers play a very important role in pursuit of our mission.

In order to qualify, all hospice volunteers must meet regulatory requirements as well as standards established by Transitions Hospice. A volunteer application, interview, and satisfactory background check* must all be completed prior to volunteer orientation.

During the volunteer orientation, the following will be obtained/provided:

- Proof of valid government issued identification, such as a driver's license, state ID or passport
- Evidence of current automobile insurance (if applicable)
- A signed statement accepting or declining the Hepatitis B Vaccine*
- Authorization for a physical exam. If you have evidence of a physical exam in the past 12 months, you may submit it to meet this requirement.*
- A negative TB test. The test can be administered by a Transitions Hospice nurse and must be read within 48-72 hours. If you had a TB test or a chest x-ray in the last 12 months, you may submit proof of the test to meet this requirement.*

**A physical exam, fingerprint search, TB test and Hepatitis B vaccine (if accepted) will be provided at the expense of Transitions Hospice.*

Thanks again for your interest in our Transitions Hospice Volunteer Program. We look forward to you joining our team!

Sincerely,

Elise C. Wall, CVA
Volunteer Coordinator
ewall@transitions hospice.com
224-762-1182 Cell
847-589-2257 Direct

*12040 Raymond Court Huntley, IL 60142
Phone 847-515-1505/Fax 847-515-1503*

Please print:

NAME _____ DATE _____

ADDRESS _____ PHONE-HOME _____

ADDRESS2 _____ PHONE-CELL _____

CITY _____ STATE _____ ZIP _____ PHONE-WORK _____

EMAIL _____ DATE OF BIRTH _____

Are you 18 years or older? Yes No

Are you legally eligible to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No

If yes, give dates and offenses: _____

How did you hear about Transitions Hospice?

Volunteermatch.org Transitions Website Community Event Google Church Other
(describe): _____

Areas of Hospice Interest:

Companionship Volunteer Vigil Volunteer Music Volunteer Pet Volunteer
 Bereavement Volunteer Office Volunteer Other (describe): _____

Skills and Interests:

Arts & Crafts (list): _____ Singing
 Play Instrument (list): _____ Office Work Read
 Multi-lingual (list) _____ Other _____

Person to Notify in Case of Emergency:

NAME RELATIONSHIP

HOME PHONE CELL PHONE WORK PHONE

Experience

Current employer and occupation: _____

If Student, list school and major: _____

Describe any past volunteer experience: _____

Do you have a physical impairment that might affect your volunteer work? Yes No
I authorize Transitions Hospice to send text messages to my cell phone to keep me informed. Yes No

Volunteer Agreement

Becoming a hospice volunteer is a commitment of time and heart. Transitions Hospice volunteers are asked to make a commitment of one year of service to our patients, families and/or administrative support staff. Each year, volunteers are given the opportunity to “re-commit” to their service at Transitions Hospice. In addition to this commitment, you understand that the following will be expected of you as a hospice volunteer:

1. Adherence to hospice philosophy and company mission;
2. Attendance at continuing education and in-service programs;
3. Compliance with all Transitions Hospice policies and procedures;
4. Advance notice of resignation from this program.

All volunteer opportunities are contingent upon the following:

1. You are legally eligible to work in the United States and provide proof of valid government issued identification (driver’s license/state ID/passport);
2. Verification of the information provided on your volunteer application;
3. We receive a satisfactory response to the background investigation;
4. You submit your fingerprints for registration with IL Dept. of Public Health (IDPH);
5. Proof of satisfactory tuberculosis screening and valid Health Certification (physical exam);
6. Proof of automobile insurance, as applicable;
7. Completion of hospice volunteer orientation/training.

By signing below I confirm that all information provided in this application is accurate and truthful.

SIGNATURE

DATE