

VOLUNTEER APPLICATION
Valley Home Care and Valley Hospice
15 Essex Road, Suite 301
Paramus, NJ 07652
(201) 291-6000

DATE: _____

NAME: _____ HOME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

E-MAIL ADDRESS _____

CITY AND STATE: _____

DATE OF BIRTH: _____

EDUCATION HISTORY

Name & Location Course Majored In/Degree # of Years Did you graduate?

High School

College

Graduate School

Other Schooling

Do you have any special training?

No If Yes, Explain:

Do you speak a language other than English?

What licenses or certificates do you possess?

Certificate Number, date of expiration and state valid in

Military Experience -

Past/Current Volunteer Experience(s):

PHYSICAL INFORMATION

Do you have any limitations which would prevent you from performing the duties of the position?
for which you are applying?

No _____ If Yes, Explain: _____

Do you drive? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____
Driver's License Number _____ Plate Number _____

Have you ever been convicted of or pleaded guilty to a crime? No _____ Yes _____
(Do not include those convictions which have been expunged or sealed by a court.)
If yes, please explain. Convictions are not an absolute bar to volunteering but will be considered in
relation to the position sought. _____

EMPLOYMENT RECORD

(Give most recent position first)

Name, Address, Phone Date Employed Job Title Reason for Leaving
From/To

IN CASE OF AN EMERGENCY, NOTIFY:

Name: _____ Phone: _____
Address: _____

INTERESTS, HOBBIES, SPECIAL SKILLS:

How did you find out about these volunteer programs? _____

Types of activities preferred and volunteer required volunteer hours:

- _____ Office/Clerical Work (1-4 hours a week)
- _____ Visiting Patients on Hospice Services (Required 1-3 hour a week)
- _____ Visiting Patients on Home Care Services (Requires 1-3 hours a week)
- _____ End of Life Doula Services for Hospice (Requires 2 hours vigil shifts)
- _____ Visiting Butterflies Pediatric Home Care and Hospice Services (Requires 1-2 hour visits)
- _____ Fundraising/Events: Teddy Bear Party or to support Memorial Services

I am available _____ hours per week. Please circle best dates to volunteer

Mon. Tues. Wed. Thurs. Fri.

Sat and Sun (hours are not available for clerical office hours.)

(Circle days available)

_____ Mornings _____ Evenings

_____ Afternoons _____ Weekends for only patient visits and vigils

EOLD VOLUNTEER SERVICE ONLY: Would you be able to do a shift between 8 PM – 6 AM?

1. Yes, I am open to doing those hours as needed or once a month. Of those hours above, I would prefer ____PM to ____ PM/AM.

2. No, I am sorry, I am not open to doing those hours because, _____

Valley Home Care and Hospice provides health care and hospice patients and families residing in the Bergen and Passaic communities. Please complete one of the questions below.

1. I am willing to volunteer to see patients in these towns only: (please indicate): _____

2. I am willing to go wherever there is a need.

If you were in the military, would you be interested to join our “We Honor Veteran’s Volunteer program?”

1. Yes, I am open to visiting all patients that were in the armed services

2. Yes, I am only interested in visiting Home Care patients in the armed services

3. No, I am not so interested in visiting patients, but I would be open to provide social and bereavement support to their wives and families while they on Valley Home Care and Hospice.

For Hospice Volunteers - Please complete the following section -

Has anyone close to you died or been diagnosed with a terminal illness? Have you had any personal losses (deaths, divorce) within the last 12-18 months? If so, please explain when, how they related to you, and how you have adjusted:

Reasons for wanting to be a part of the Valley Hospice Volunteer Training Program:

If you are interested in becoming an End-of-Life Doula Volunteer, what calls you to provide this sort of service?

For Butterflies Pediatric Services and Valley Health Affiliates Volunteers - Please complete the following section -

Please explain why you would like to participate as a volunteer: _____

REFERENCES:

Please submit three (3) reference names and their email addresses. If the reference does not have an email, provide the full address name, street, apartment, town, state, and zip code for non-family references. Applications without information will delay your time to start volunteering. So, please fill it out completely.

1. _____
2. _____
3. _____

1. If I am accepted, I agree to abide by and observe all rules and regulations of Valley Home and Community Health Care.

2. I understand that if I misrepresent any information on this application I will not be Considered.

Signed: _____

Please mail your application to the address above to the attention of the Volunteer Coordinator. Thank you!