



Tokarski Home Volunteer Application

Serving as a Volunteer for Willamette Vital Health is contingent upon passing a drug screening and a national criminal background check. Out of respect for the sensitive nature of hospice work, new volunteers are advised to wait at least twelve months after a significant personal loss before volunteering.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		CITY/STATE/ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS
If currently employed, may we contact you at work? (yes/no)		
EMPLOYER:		WORK PHONE:
In case of emergency notify:		
NAME:		PHONE:

REFERRAL SOURCE(S)

How did you learn about volunteering at Willamette Vital Health? Please check all that apply.

☐ Family ☐ Friend ☐ Staff ☐ Brochure ☐ Internet
☐ Health Fair ☐ Newspaper ☐ Other

REFERENCES Please list two references (non-family members) who can address your suitability to become a volunteer. Please notify them so that they will be expecting our inquiry.

Name: _____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Relationship: _____	Name: _____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Relationship: _____
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PREVIOUS VOLUNTEER EXPERIENCE (agencies, tasks, responsibilities, length of service) (use another sheet if necessary)

LIFE EXPERIENCES, INTERESTS, SKILLS, HOBBIES (use another sheet if necessary)

Are you a military veteran? ____ If yes, which branch of service? _____

Briefly explain why you wish to be a hospice volunteer.

Pursuant to OAR 411-050-0625, all applicants for employment in any capacity in an adult foster home must check here if he or she has been found to have committed abuse.

Yes____ No____

Please read carefully, then initial each paragraph and sign below:

_____ I understand and acknowledge that I will be required to submit to a drug test. I hereby authorize the release of the results of such an examination to Willamette Vital Health for their use in evaluating my suitability for being a volunteer. In addition, I release the examining facility and Willamette Vital Health from any and all liability, and from any damage that may result from the release of such information.

_____ I authorize Willamette Vital Health to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Willamette Vital Health has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from a volunteer position.

THE PRECEDING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE RELEASE OF VERIFYING INFORMATION TO WILLAMETTE VITAL HEALTH.

Signature

Date