



Please complete each of the items and return it to Gulfside Hospice at one of the addresses listed on the signature page. We appreciate your interest in volunteering with Gulfside Hospice. **A clean background check without a misdemeanor or felony is necessary to become a volunteer.**

Personal Information:

Date:

First name: Last name:

Street Address:

City: State: Zip Code:

County: Email address:

Home Phone: Cell Phone:

Florida Resident: Permanent Seasonal Dates in Florida if Seasonal:

Preferred method of communication: Email Mail Phone

Emergency Contact Information:

Name:

Phone: Relationship:

Volunteer History:

Are you currently volunteering at another hospice? Yes No

Do you have previous volunteer experience with Gulfside? Yes No

Why are you interested in volunteering with Gulfside Hospice?

Have you experienced any deaths in your family, or someone close you?

Employment Status:

Employee Full Time Employed Part Time Self Employed Retired Not employed

Education Status:

Some or no High School High School Graduate College Degree Some College/Certification/Technical School

Postgraduate Work Field of Study:

Skills:

Do you know a foreign language? Yes No

If yes, please specify language(s):

Please list special skills and/or hobbies you have:

What organizations do you belong to (if applicable)?

Armed Forces or Veterans Status:

Have you ever served in the Armed Forces? Yes No

Are you currently in the Armed Forces? Yes/Full Time Yes/Reserves No

If yes, please specify branch.

Physical Health:

All volunteers working in a patient care related area must provide proof of annual TB Test and annual Flu Vaccine. If annual Flu Vaccine is declined, volunteer must wear mask when working in patient related areas.

Date of your last TB test: Date of your last flu vaccine:

Do you have physical restrictions that might limit your volunteer placement in specific areas within Gulfside? Yes No

If yes, please specify:

What areas of volunteer opportunities interest you?

- | | | |
|--|---|--|
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Patient Care - In-Patient Centers/Facilities |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Veteran's Program | <input type="checkbox"/> Zephyrhills Care Center Kitchen |
| <input type="checkbox"/> Reception/Greeter | <input type="checkbox"/> Gift of Presence | <input type="checkbox"/> Grocery Shopping/Errand Running |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Care Center Ambassador | <input type="checkbox"/> Community Awareness/Special Events/Health Fairs |
| <input type="checkbox"/> Pet Support Volunteer | <input type="checkbox"/> Patient Care/Companionship/
Respite | |

Additional Opportunities in the Thrift Shoppes (choose location):

- New Port Richey Hudson Lutz/Land O Lakes Dade City Zephyrhills

Other Please explain:

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this Volunteer Application as deemed necessary for volunteer participation. I understand that this application is not and is not intended to be an offer of employment. In consideration of being a Gulfside Hospice volunteer, I do hereby assume the risk of injury and all medical expenses incurred from any injury resulting from my volunteer participation. I understand, acknowledge and agree I am not covered by Workers' Compensation Insurance or benefits provided there under and I do hereby release, discharge, and hold harmless Gulfside Hospice, its agents, representatives, and employees from any and all claims whatsoever, known or unknown, for damages or injuries to myself.

Print Name

Signature

Date:

Return Application to the address listed below:

*Gulfside Hospice
Attn: Volunteer Department
2061 Collier Parkway
Land O' Lakes, FL 34639*