

Are there any limitations that would prevent you from accepting an HKA volunteer position? _____

Do you have any allergies? _____

Do you speak/read or write in a language other than English? _____

For In-Home Visiting Volunteers: Would you visit a home with **smokers?** Yes No **pets?** Yes No

Please share your work experience, interests and/or hobbies: _____

Please list any special skills, certificates, education or qualifications you think may help in a volunteer placement:

HKA requires a minimum commitment of 2-4 hours per week and expects the volunteer to remain with the organization for a minimum of 1 year after training. Do you foresee any difficulty with this commitment?

Yes No _____

AVAILABILITY: (choose all that apply)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							

Do you have access to a vehicle? Yes No

Can you travel anywhere in our service area (King Township & south Aurora)? Yes No

Copy of driver's license & proof of insurance is required if driving clients.

REFERENCES:

HKA requires 2 reference checks for all volunteers. Please list two people (other than immediate family) who have known you for a minimum of two years.

Name	Relationship	Telephone	Email

VOLUNTEER'S EMERGENCY CONTACT:

Name: _____ Relationship _____

Daytime Phone: _____ Evening Phone _____

***AS AN HKA VOLUNTEER I AM AWARE OF AND AGREE TO:**

All HKA Volunteers:

- obtain a current and applicable police check: Police Vulnerable Sector Check (client volunteers) & Police Information Check (non-client volunteers)
- consent to 2 reference checks
- attend an HKA Orientation session
- sign an oath of confidentiality & conflict of interest form and volunteer agreement
- attend (a minimum of 2) continuing education/support meetings per year offered at HKA office or outside agencies.

As a Visiting and 1:1 Wellness Volunteer:

- complete Core Concepts in Palliative Care training by PalCare Network(30 hours)
- complete Physical Skills & HKA Orientation by HKA Staff

As a Bereavement Volunteer:

- participate in "Bereavement" training relevant to my position

I confirm that the information on this application is true and accurate. I authorize Hospice King-Aurora to contact my 2 listed references.

Signature: _____ Date: _____