

Rays of Hope Children's Grief Centre  
Hospice of Midland, Inc.  
Volunteer Program Application

\_\_\_\_\_  
Volunteer's Name

Home Address: \_\_\_\_\_ Midland, TX Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Midland, TX Zip \_\_\_\_\_  
(if different)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

May we e-mail you a monthly newsletter? Yes  No

Currently Employed? Yes  No

If Yes, Company Name: \_\_\_\_\_

May we call you at work? Yes  No  If Yes, Work Phone: \_\_\_\_\_

Emergency Home Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Foreign Language Proficiency: \_\_\_\_\_

Education:  High School

Associate's in \_\_\_\_\_  Bachelor's in \_\_\_\_\_

Master's in \_\_\_\_\_  Other \_\_\_\_\_

Certifications/License? Please List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional, Community, or Other Organizations? Please List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

(volunteer's signature)

Rays of Hope Children's Grief Centre  
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Volunteer Program Application  
Data Sheet

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Volunteer's Name \_\_\_\_\_

While this information helps in volunteer assignments, no question is mandatory.

Your Birthday: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Do you have children at home? \_\_\_\_\_

The most recent death of someone close was (relationship and circumstances):

\_\_\_\_\_  
\_\_\_\_\_

What makes you interested in hospice volunteer work? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Volunteer Experience (for what agencies and performing what jobs):

\_\_\_\_\_  
\_\_\_\_\_

Do you have special skills, interests, or hobbies you would like to use as a volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Is there any disability which might affect your choice of volunteer work? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any situations in which you would prefer not to be involved as a hospice volunteer? (Such as with certain diseases, ages, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Volunteer's Name

Is any member of your family a hospice employee? If so, who and which hospice:

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Is there any other information you would like to share? \_\_\_\_\_

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I realize failure to observe Hospice of Midland, Inc.'s Volunteer Program Guidelines and Policies, including the need for confidentiality of information, may result in dismissal as a Hospice of Midland, Inc. volunteer.

I understand the personal references I provide will be contacted.

\_\_\_\_\_ Date: \_\_\_\_\_

Volunteer's Signature

Interviewer's Comments: \_\_\_\_\_

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\_\_\_\_\_ Date: \_\_\_\_\_

(Signature) Rays of Hope or HospiceMidland Staff

**Rays of Hope Children's Grief Centre 900 West Wall, Midland, Texas 79701**

Rays of Hope Children's Grief Centre  
Hospice of Midland, Inc.  
Volunteer Program Application  
Statement of Eligibility/ Criminal Background Check

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Volunteer's Name as it appears on Drivers License \_\_\_\_\_

Driver License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

By execution of this document, I acknowledge that I have been informed that a criminal history check will be performed on my name. I understand my ability to perform as a volunteer for Hospice of Midland, Inc. is pending on the results of the criminal history check.

I have not been convicted of the following crimes:

- An offense under Chapter 19, Penal Code (criminal homicide);
- An offense under Chapter 20, Penal Code (kidnapping, false imprisonment);
- An offense under Chapter 21.11, Penal Code (indecent with a child);
- An offense under Chapter 22.011, Penal Code (sexual assault);
- An offense under Chapter 22.02, Penal Code (aggravated assault);
- An offense under Chapter 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- An offense under Chapter 22.041, Penal Code (abandoning or endangering a child);
- An offense under Chapter 22.08, Penal Code (aiding suicide);
- An offense under Chapter 25.031, Penal Code (agreement to abduct from custody);
- An offense under Chapter 25.08, Penal Code (sale or purchase of a child);
- An offense under Chapter 28.02, Penal Code (arson);
- An offense under Chapter 29.02, Penal Code (robbery);
- An offense under Chapter 29.03, Penal Code (aggravated robbery);
- An offense under Chapter 31, Penal Code (theft); or
- An offense that the facility determines to be a contraindication to employment with the consumers Hospice of Midland, Inc. serves.

For Volunteer Personnel:

I understand that all information obtained by this agency regarding any criminal or misconduct history will remain confidential.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Date: \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_

Rays of Hope Children's Grief Centre  
Hospice of Midland, Inc.  
Volunteer Program Application  
Personal Reference Form

Date: \_\_\_\_\_

Volunteer's Name \_\_\_\_\_

HospiceMidland/Rays of Hope requires volunteers to provide two personal references (not related to the volunteer):

Reference Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_

Work \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

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Volunteer Coordinator's Use:

Reference Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

