

Camp Heartstrings / Camp Dreams Volunteer Application

Please fill out this application and email it to CampHeartstrings@VNSnet.com or mail it to:

Visiting Nurse Hospice
Attn: Camp Heartstrings
2180 Empire Boulevard
Webster, NY 14580

Your Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

E-mail Address _____

Employer _____ Occupation _____

Employer's Address _____

Can you be contacted at work? Yes _____ No _____

Education

Circle highest grade completed: 9 10 11 12 College: 1 2 3 4 Higher _____

Other education / enrichment _____

Special training / hobbies / office skills _____

Do you know a language other than English? Yes ___ No ___ Language _____

Experience with Children

Please tell us about your experience with children.

Have you been trained in mandatory reporting? Yes_____ No_____ When?_____

Have you been trained in Youth Protection? Yes_____ No_____

Why do you want to be a Camp Heartstrings/Camp Dreams volunteer?

What qualities (*skills, knowledge, talents, or life experiences*) do you feel you can incorporate into your volunteering at Camp Heartstrings/Camp Dreams?

Do you have any physical limitations or health problems which may restrict your volunteer activities? Yes_____ No_____

If you answered yes, please describe your limitations.

References

Please list two personal references (*excluding family members*). Please provide a complete address, as references are verified by mail.

Name_____ Phone () _____

Address_____ City_____ Zip_____

Name_____ Phone () _____

Address_____ City_____ Zip_____

Emergency Contact

Person to be notified in case of an emergency:

Name _____ Phone () _____

Address _____ City _____ Zip _____

Code of Ethics for Volunteers

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting Visiting Nurse Hospice is confidential.

I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

Declaration

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. Visiting Nurse Hospice is committed to the safety and comfort of its patients and volunteers. Visiting Nurse Hospice therefore reserves the right to solicit information relative to your suitability for the volunteer position for which you are applying. This information will include a pre-placement physical examination including drug testing, driving record, record of felony convictions, and any other pertinent information.

I have read, understand and agree to the above statements and also understand that willfully omitting or providing false information on this application may result in the disqualification of my application.

Applicant Signature

Date