



Dear Prospective Volunteer,

Thank you for your interest in Hospice of Marion County's volunteer program. It is great to hear from people like you who are willing to become part of our volunteer team.

Enclosed please find an application for you to complete including personal references. Once you have completed the application, call (352) 873-7441 to set up an appointment for an interview.

Please do not send the application in the mail. At the interview, we will discuss the volunteer opportunities that best meet your interests and the needs of the agency. We will also discuss specialized training you will need.

When you come for your interview, please bring your driver's license and your current automobile insurance card. Upon completion of the interview, you will be scheduled for the next orientation.

Since 1983, Hospice of Marion County has been privileged to help over 22,000 patients and their families. Services are provided regardless of age, sex, race, spiritual beliefs, nature of illness or ability to pay. We look forward to working with you as we strive together to provide compassionate, exceptional end-of-life care to our community.

A handwritten signature in blue ink that reads "Beverly Lafferty".

Beverly Lafferty
Director of Volunteer Services

Hospice of Marion County, Inc.

3231 SW 34th Ave.

Ocala, FL 34474

(352)873-7441



VOLUNTEER APPLICATION

We welcome new applicants and hope that you will find an opportunity that will be fulfilling and meet the needs of our organization, patients and families. The application process is similar to the process used for employees. Medicare requires Hospice volunteers to be screened and educated in a manner similar to employees.

Please print and complete all sections.

Legal Name _____
LAST FIRST MIDDLE

Preferred First Name _____ Housing Development: _____

Address _____
STREET CITY ZIP

Telephone: _____
HOME CELL

E-Mail Address: _____

How should we contact you? Please rank 1st, 2nd, 3rd. Home _____ Cell _____ Text Cell _____ Email _____

Emergency Contacts:

Name	Relationship	Phone

References:

Please list THREE persons other than relatives who can give a character reference. Please notify them that you have listed them as a reference. We will be calling them after your interview.

Name	Years Known	Home Phone	Cell Phone

Referral Source: How did you learn about volunteer opportunities with Hospice of Marion County:

____ Advertisement ____ Employee ____ Volunteer ____ Walk-in
____ Presentation ____ Hospice Experience ____ Other: _____

Employment Status and History:

What is your employment status? ____ Full-time ____ Part-time ____ Student ____ Retired
____ Not employed Are you seeking employment with Hospice of Marion County? ____ yes ____ no

Current or Former Workplace: _____ Position _____

If employed, may we contact you at work? ____ No ____ Yes Work Number: _____

Are you a current or former employee of Hospice of Marion County? ____ No ____ Current ____ Former

Are you related to a current employee or volunteer of Hospice of Marion County? ____ Yes ____ No

If yes, please give name and relationship _____

Volunteers must be able to legally work in the United States. Can you, within three days of acceptance, submit documentation that you are legally able to work in the United States? ____ Yes ____ No

Minimum volunteer age is 16. Are you at least 16 years of age? ____ Yes ____ No

Skills and Qualifications:

Summarize previous work, volunteer, educational or personal experience that may be relevant to the volunteer work you would like to do:

Military Experience:

Are you a veteran of the United State Armed Forces? ____ Yes ____ No

Branch of Service _____ Rank _____

Education Background :

School _____ Degree/Diploma _____ Year _____

School _____ Degree/Diploma _____ Year _____

School _____ Degree/Diploma _____ Year _____

Languages - Foreign or sign language:

Language _____ Proficiency: _____

Language _____ Proficiency: _____

Health Care Experience: _____

Licenses or Certifications:

License/Certificate Type: _____ License number _____ Expiration Date _____

License/Certificate Type: _____ License number _____ Expiration Date _____

Other Information:

Volunteer Certification:

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts, or incomplete answers in the application document will disqualify me from further consideration or participation as a volunteer.

I authorize Hospice of Marion County to contact and obtain information from all references and to otherwise certify the accuracy of the information contained in this application. I understand that a background check will be performed before acceptance as a volunteer to comply with state and federal regulations governing volunteers for Hospice organizations. I hereby release from liability the Hospice of Marion County and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations furnishing information related to this application.

Hospice of Marion County does not unlawfully discriminate and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for volunteering on a basis prohibited by local, state or federal law. I understand it is the Hospice of Marion County's policy not to refuse a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

This application will remain active for 90 days from the date received. At the conclusion of this time, if you have not been able to complete the application process by attending an orientation and still wish to be considered as a volunteer, it will be necessary to complete a new application.

I understand and agree that my volunteer service may be ended with or without cause and with or without notice at any time by a supervisory representative of Hospice of Marion County or myself.

I have read and fully understand the foregoing and will abide by its terms and conditions.

Signature of Applicant _____ **Date** _____

Omission of required information or failure to sign this document may result in disqualification of this application.

Volunteer Potential Assignments

Volunteer needs vary month to month and volunteers may engage in more than one type of assignment

Patient Support Roles

- Patient Support - In Home, Hospice Houses, Nursing Home or Assisted Living Facility: companionship for patient, provide respite for caregivers, providing transportation or running errands, recording a Lifestory,
- Pet Peace of Mind – provide support to patients by caring for their pets
- Pet Visitors- Trained and certified pets and their owners visit patients
- Spiritual Care Volunteers – Assisting chaplains by providing spiritual care
- Transitions – Patient support for Transitions clients by providing companionship, respite, transportation, or errands.
- Veterans Recognition Ceremonies/We Honor Veterans– Special presentation to honor veterans
- 11th Hour Vigil - Sitting at bedside of patient who has no family to be near them during their final hours
- Facility Ambassadors assist with activities for residents at Assisted Living Facilities.

Hospice Houses Volunteers

Assist at one of three Hospice Houses in role of:

- Greeter/Receptionist – Greeting family members, assisting them to find the patient's room; may help at times with light office tasks
- Telephone – Answering phones and routing calls
- Chef Assistant – Assisting chef with tray preparations, dishes, and other tasks (Legacy only)
- Patient Visitor, 11th Hour Vigil, Pet Visitors and Music Visitors (requires patient support training)

Thrift Stores

Assist at one or more of the four Hospice Thrift Stores

- Cashier – ringing up sales for customers
- Sorting/Stocking – accepting, sorting, and pricing donations, stocking and maintaining displays

Support Roles

- Community Ambassadors – Represent Hospice to 55+ communities or their neighborhoods.
- Administrative Roles – Office and clerical volunteers for various departments
- Medical Equipment Warehouse or Pharmacy Assistant–Sorting, re-packaging and office tasks
- Baking for Hospice events
- Bereavement Volunteers – Call or contacts to support family members during a 13-month follow-up bereavement period; Camp Mariposa (2 times year) for bereaved children ages 5-12 (Saturdays)
- Community Outreach Volunteers – Represent Hospice of Marion County at health fairs, community events or speaking to community groups
- Courier – Delivering mail to Hospice Houses and stores,
- Event Assistant – Help with registration, serving food, set-up or clean-up at events
- Maintenance Assistance –assisting with practical building maintenance
- Parking – parking cars for Hospice events
- Philanthropy – Connecting Philanthropy staff with potential donors to the Hospice mission; assisting in the Philanthropy office with donor relations (thank you calls, data entry, memorial item inquiries)
- Professional Volunteers-Nurses assist in non-patient roles, such as administering TB tests to volunteers; massage therapists provide employee or patient massages.
- Sewing – Making activity aprons, protective clothing covers, walker bags or other sewn items



The Elliott Center
(352) 873-7400
 3231 SW 34th Ave.
 Ocala, FL 34474
www.hospiceofmarion.com

Monarch Center
 2895 SE 62nd St., Ocala, FL 34480
 (352) 873-7456

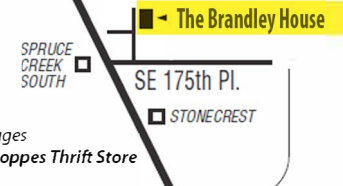
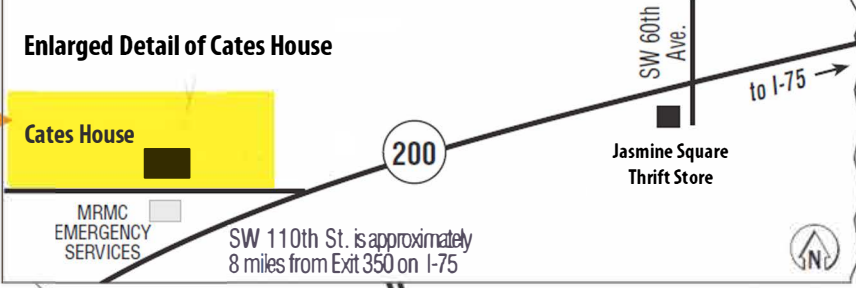
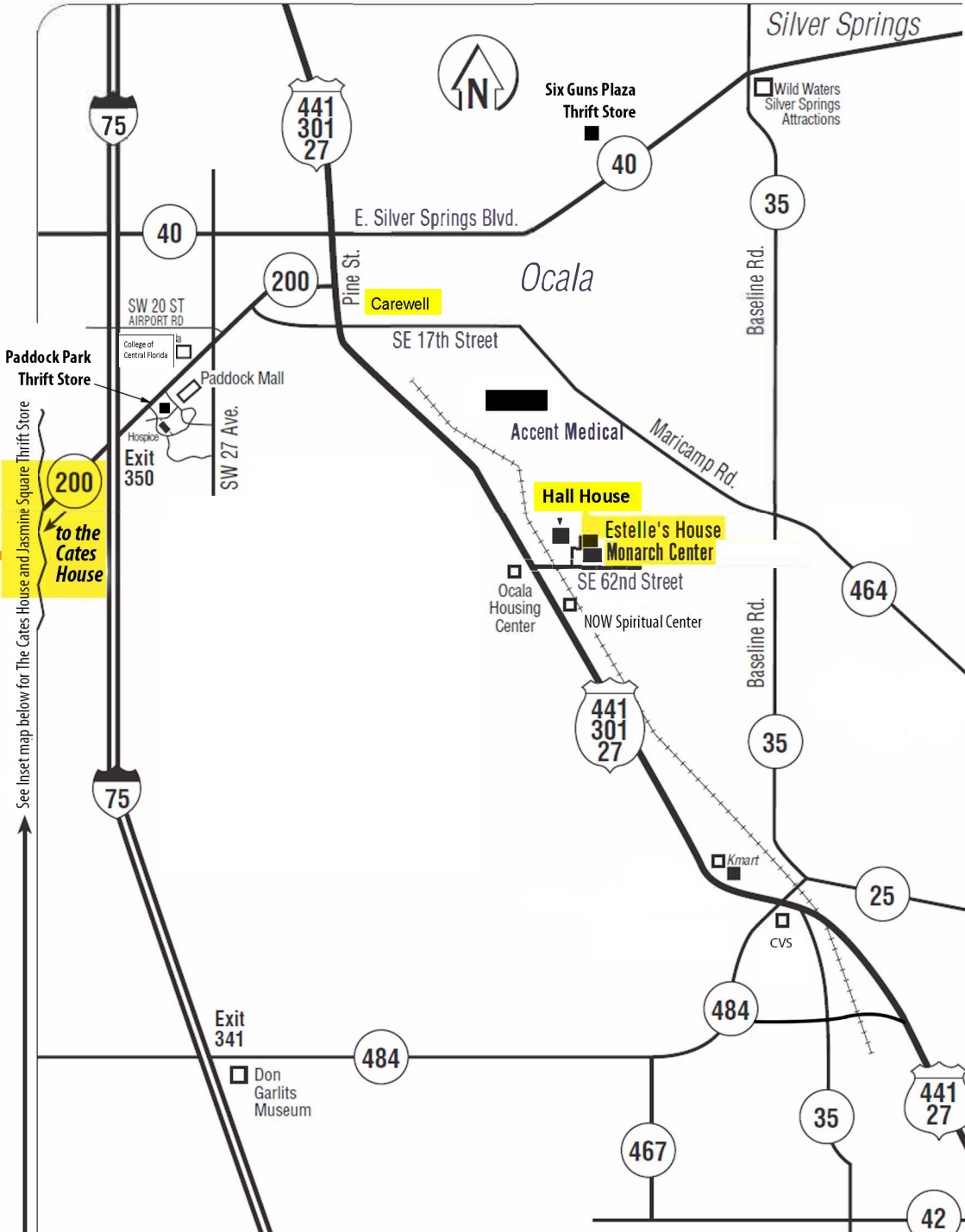
Hall House
(352) 629-4556
 2897 SE 62nd St., Ocala, FL 34480

The Brandley House
(352) 307-3417
 17395 SE 109th Terrace Rd.
 Summerfield, FL 34491

The Cates House
(352) 291-5100
 9505 SW 110th St., Ocala, FL 34481

Hospice Thrift Stores

- Jasmine Square**
(352) 237-7707
 6126 SW State Road 200, Ocala
- Shoppes at Paddock Park**
(352) 877-8344
 3100 SW College Road, Ocala
- Terrace Shoppes**
(352) 307-7555
 17860 SE 109th Ave, Summerfield
- Six Gun Plaza**
(352) 236-5932
 4901 E. Silver Springs Blvd Suite 603, Ocala



AFFILIATED COMPANIES

2 separate legal companies working together to provide exceptional quality and compassionate care.

Carewell Supportive Care
(352) 291-5881
 1528 SW 1st Ave.
 Ocala, FL 34471

Accent Medical
(352) 622-7260
 2891 SE 62nd St.
 Ocala, FL 34480