



TABITHA

Hospice Volunteer Application

Last Name _____ First Name _____ Date _____

Address _____
City State Zip

Phone (Home) _____ (Cell) _____ (Work) _____

Date of Birth _____ E-mail Address _____

Emergency Contact _____ Relationship _____ Phone _____

Employer / Occupation _____

Education _____

Reason for Volunteering: School Other Why? _____

How did you hear about Tabitha hospice volunteering? _____

Why do you want to be a hospice volunteer? _____

List specific talents/interests (second language, musician, crochet, sing, cards etc.): _____

Special certifications (massage, pet therapy, etc) _____

Have you had any major life changes in the past year to include loss through death, separation from a loved one, community or job?

Have you served in the military? Yes No If so, when and what branch? _____

What hobbies or activities do you participate in for self care and/or stress relief? _____

Availability:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Morning Afternoon Evening

Service Area (Tabitha serves 28 southeastern counties):

I am willing to travel _____ miles for an assignment

I would prefer to stay within my community

Transportation:

Volunteers who use their personal vehicles to visit clients or run errands for clients or family members do so under their personal automobile liability coverage.

Do you have access to transportation? Yes No

Driver's License: Yes No State: _____ Number: _____

Auto Insurance: Yes No Agent/Phone: _____

To ensure the safety of our clients, Tabitha conducts background checks.

Have you been convicted of a crime, except minor traffic violations? Yes No

If yes, explain: _____

References: (Please list two adults who are not family members)

Name _____ E-mail _____ Phone _____

Name _____ E-mail _____ Phone _____

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 responsibility 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 volunteering in the Tabitha Hospice Program is confidential and must be shredded.

I hereby authorize the release of information regarding my abilities. I further release all persons and Tabitha from any and all liability resulting from the furnishing of such information. All information listed by me on this application is true and correct to the best of my knowledge.

Finally, I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer, I will follow the policies and procedures presented during the volunteer orientation, as directed by the Hospice Volunteer Coordinator, and according to the standards set forth in the Volunteer Policies and Procedures.

Signature of Applicant

Date

Next Steps:

***Return completed application to the Hospice Volunteer Coordinator with a copy of your driver's license and auto insurance**

***You will be contacted to get registered for the next available hospice volunteer training in your area**

***Upon completion of the training and background checks, you will report to the Hospice Volunteer Coordinator to discuss assignments in your area**

**Tabitha Health Care Services
Attn: Hospice Volunteer Coordinator, 4720 Randolph Street, Lincoln, NE 68510**

**Phone: (402) 486-8506 Email: Volunteer.Hospice@Tabitha.org Fax: (402) 486.8578 Website: TABITHA.ORG
Rev/B.Fulmer 12/16**



MARKETING, FUNDRAISING AND GENERAL AUTHORIZATION

I understand that Tabitha has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Tabitha to release some of my personal information to certain individuals or agencies.

I, _____, authorize Tabitha to gather and share the following specific
Name

information and agree to the below terms.

Tabitha may use all photos they've taken that include my image and my story that they've gathered regarding the care I've received through one of Tabitha's service lines. I understand that Tabitha will share my image and story with the public through any of Tabitha marketing or foundation promotional campaigns including but not limited to print, TV, out of home, collateral, or social media facets. I understand that Tabitha is disclosing the information with the goal of sharing my story with the general public.

I understand that releasing information about me could give another agency or person information about my use of Tabitha services and would confirm that I have been receiving services from Tabitha.

Tabitha will do its best to portray my likeness and story in the best possible way. I understand that my likeness will be released publicly and thus will no longer be protected by federal privacy regulations. Tabitha may not be able to control what happens to my information once it has been released. The information used or disclosed may be re-disclosed by the person or persons receiving it, and would then no longer be protected by federal privacy regulations.

I understand that this release is valid from the date of the signature and will remain in effect indefinitely unless I or my power of attorney indicate otherwise through a written statement. If this release is revoked, Tabitha will not or cannot retrieve previously published materials featuring your likeness, but will remove the likeness on future publications.

I understand that signing this release is completely voluntary. Once signed it becomes valid. I may withdraw my consent to this release at any time, in writing to Tabitha Marketing at 4720 Randolph St., Lincoln, NE 68510. A copy of this release is available on request.

Signed: _____ **Date:** _____

Legal relationship: _____

To withdraw, change or alter this release, please contact Tabitha Marketing, 4720 Randolph St., Lincoln, Neb., 68510.



Division of Children and Family Services

Agency Request for Information from the Nebraska Adult and Child Abuse and Neglect Register/Registry | If you are age 18 or younger, this form must be Signed by a parent or guardian.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name	Fax Number
Tabitha	402.486.8578

Address	Phone Number
4720 Randolph Street, Lincoln, NE 68510	402.486.8506

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Full Legal Name (applicant)

Address	City/State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Social Security Number
<input type="text"/>	<input type="text"/>

Other names previously used such as former married names, maiden name and nick names.

Names and birth dates of your children and children who have lived with you.

Any Address at which you have resided during the past 20 years.

Signatures and Dates

Print full legal name

Signature

Date

