



# TEEN VOLUNTEER INFORMATION FORM

*For Volunteer Coordinator to complete:*  
 Date Received \_\_\_\_\_  
 Call to Applicant \_\_\_\_\_  
 Initial Interview \_\_\_\_\_

*Thank you for your interest in becoming a teen volunteer for Hospice of Lancaster County.  
 The information below will be helpful as we work with you to identify areas of interest for you – please print!*

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

### EMERGENCY NOTIFICATION:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

### EDUCATION:

School \_\_\_\_\_ Grade \_\_\_\_\_  
 School Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you choosing to volunteer at HLC as part of your Senior Project?      Yes      No

### WORK (Please list any part time employment, and approximate hours per week):

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

### COMMUNITY ACTIVITY:

*Please list activities in which you're involved with other organizations/groups/churches/synagogues, etc.*

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

**SPECIAL SKILLS/TRAINING** (for example – speak other language, computer, etc.):

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**GETTING TO KNOW YOU!**

Briefly explain why you want to become a Hospice volunteer \_\_\_\_\_

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Have you had any direct experiences in the care of seriously ill patients? *(Please describe)* \_\_\_\_\_

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Please share your personal experience with the death of anyone you knew, providing approximate dates.

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Are you currently receiving bereavement support from Hospice of Lancaster County?      Yes      No

*If "yes" please describe the type of support.* \_\_\_\_\_

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As you review the Volunteer Brochure (*enclosed*), please circle any area in which you might be interested:

Nursing Home

Foyer

Development

Inpatient Unit

Music Support

Office/Clerical

Inpatient Greeter

Pet Therapy

Office/Computer

Have you ever been convicted of a crime?      Yes      No      *If yes, please explain:*

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Do you have your own transportation?      Yes      No

## REFERENCES

*Please list 3 personal references (non-family) that support your desire to serve as a Hospice volunteer.*

1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Please indicate which training class you wish to attend** *(See the enclosed training schedule)*

<b>Teen Training:</b>	<b>January</b>	<b>April</b>	<b>October</b>
<b>Adult - January/February, evenings</b>		<b>Adult - September/October, evenings</b>	
<b>Adult - June, evenings</b>		<i>All teens may choose to attend any Adult Training</i>	

## PARENTAL/GUARDIAN CONSENT

I understand that my teen is interested in volunteering with Hospice of Lancaster County. I understand that certain roles may require transportation, and agree to provide this support, if needed. I understand that my teen will be asked to maintain strict confidentiality regarding HLC patients. I understand that a two-part TB (tuberculin) test will be completed with my child during training, and that a criminal background check will also be completed, both at the expense of HLC. I understand that my teen is committing to a year of volunteering following completion of training.

I give permission for my teen to attend training, to receive TB testing, and to have a criminal background check completed. My signature also indicates my willingness to support my teen in his/her volunteer role(s).

\_\_\_\_\_  
*Parental/Guardian Signature*

\_\_\_\_\_  
*Date*

*To Teen: Thank you for your interest in volunteering with Hospice of Lancaster County. We appreciate your time in completing this questionnaire. If you have any questions, we can be reached by phone at 295-3900. Please return in the enclosed envelope to:*

**Volunteer Services  
Hospice of Lancaster County  
685 Good Drive, P.O. Box 4125  
Lancaster, PA 17604-4125**