



Student Volunteer Application

Applicants must be 14-18 years of age

If you would like to join our volunteer program at The Hospice of East Texas, please complete the following:

- Submit this completed application, with your parent/guardian signature.
- List 2 references. One has to be from your school (principal, vice-principal, counselor, sponsor or teacher) or your community, other than family members (pastor, neighbor, civic leader, etc.) Please use the attached recommendation forms.
- Write a short paragraph explaining why you want to volunteer at The Hospice of East Texas and attach to this application.
- Attend our volunteer training class.

_____		_____		_____		_____	
Last Name		First		Middle		DOB	
_____				_____		_____	_____
Current Address				City		State	Zip
_____		_____		_____		_____	
Home Telephone Number		Your Cell Phone Number		Parent/Guardian Work or Cell		D. L. or ID. Number	
_____		_____		_____		_____	
_____		_____		_____		_____	
F M		School		Grade		Favorite Subject	
Sex							
_____				_____			
School Organization Or Clubs				Civic Organizations			
_____				_____			
Interests/Hobbies/Extracurricular School Activities				Other Volunteer Experiences			
_____				_____			
Have you ever been convicted of a misdemeanor &/or felony? Yes No				Social Security #			

_____		_____		_____		_____	
Reference Name		Telephone Number		Relation / Title		Yrs. Known	
_____				_____		_____	_____
Address				City		State	Zip
_____		_____		_____		_____	
Reference Name		Telephone Number		Relation / Title		Yrs. Known	
_____				_____		_____	_____
Address				City		State	Zip

Do you have a relative currently working at HOET? Yes No Name _____ Relation _____

By signing below, I certify this information is true and correct to the best of my knowledge and I understand that any misrepresentation or willful omission of facts will be cause for rejection of this application or termination of my volunteer association. I hereby authorize The Hospice of East Texas, Inc. To conduct personal reference checks, driving history and/or criminal conviction records to determine my acceptability for a volunteer position. I further agree to observe all rules, regulations and policies of the Hospice of East Texas, Inc.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



PARENT/GUARDIAN CONSENT FOR STUDENT VOLUNTEERS

You play an important role in your student's experience as a hospice volunteer, This form is intended to inform you of policies and procedures. We ask that you read this with your student and sign the statement below.

- All patient information is to be kept confidential by both student volunteers and their parents/guardians.
- A criminal history back ground check will be done on all student volunteers
- Student volunteers are required to follow established rules and guidelines for service, as described in orientation materials.

CONSENT

- I consent for my student to participate in The Hospice of East Texas Student Volunteer program.
- I agree that The Hospice of East Texas shall have no liability in case of accident or loss of personal property.
- I understand that I am responsible for facilitating transportation of the student to and from his/her assignments.
- I further understand if my student does not meet established standards, his/her service may be terminated.

Print name of Student: _____

Parent/Legal Guardian Signature

Date



Student Volunteer Program Community Recommendation

Name of Student Volunteer: _____

<i>Volunteer Qualifications Sought</i>	<i>I Recommend</i>	<i>I Do Not Recommend</i>
Well-groomed personal appearance		
Polite demeanor & conduct		
Relates well to people		
Friendly		
Dependable		
High level of integrity		
Enthusiastic/Motivated		
Interacts easily with all ages		

- I recommend _____ as a potential Student Volunteer at The Hospice of East Texas.
- With reservations, I recommend the above named student to the Student Volunteer Program.

Comments:

Signature

Title (and school if applicable)

Date