TEEN Volunteer Application

Date: _____ /_____ / _____

Name: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Please list hours of availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Education - Highest grade completed: _____

Are you currently a student? □ No □ Yes Where? _____

Are you currently employed? □ No □ Yes Occupation: _____

Please describe past or current employment experience:

_____

_____

_____

Please describe past or current volunteer experience:

_____

_____

_____

Other special training or experience: _____

_____

Other skills, hobbies, or special interests:

_____

_____

_____

Do you have reliable transportation? □ No □ Yes

If you will be driving to the patient's home, we require a copy of your driver's license and proof of auto insurance. Will you be able to provide both? □ No □ Yes

Have you experienced a loss or the death of someone close to you? □ No □ Yes

If yes, please describe and include date of loss/death:

_____

_____

_____

Have you ever been convicted of a crime? □ No □ Yes

If yes, please provide a brief explanation of criminal record/offense:

_____

_____

_____

Emergency Contact:

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship: _____

Are you related to anyone in our employment? □ No □ Yes

If yes, please list: _____

_____

Why do you want to volunteer at Harmony Hospice? _____

_____

_____

_____

_____

_____

References: We require two references (preferably not relatives). Please provide their information so we may contact them to attest to your suitability to be a Harmony Hospice Volunteer.

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship: _____

I understand that volunteer placement within Harmony Hospice takes into consideration both the immediate needs of the department and the interest, skills and availability of the applicant.

I understand that, by submitting this application, I authorize inquiries to be made concerning my employment and volunteer experience, character and public records for the purpose of determining my suitability as a volunteer.

I hereby certify that statements made on this application are true and correct to the best of my knowledge.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of Harmony Hospice.

Signature_____ Date_____

To Submit Application please complete ALL forms and submit to kromero@harmonyhospice.org

1200 N El Dorado Place, Suite B-200, Tucson, AZ 85715

Parent/Guardian Consent for Hospice Teen Volunteers

This consent form is provided to the parents/guardian of teen volunteers under the age of 18. As the parent/guardian, you play an important role in your child's experience as a hospice volunteer. This form is intended to inform you of policies and procedures of Harmony Hospice. We ask that you read this with your child and sign the statements below, indicating understanding and acceptance.

- Universal Precautions used by all medical personnel when working with patients, are taught to your child during volunteer training. You are asked to indicate below your decision in regard to your child being placed with a patient who has a known communicable disease.
- Health Insurance Portability and Accountability Act, HIPPA, guidelines all patient information is to be kept confidential. Your child will sign a confidentiality statement agreement. We realize that your child will benefit from sharing volunteer experiences with you. For this reason, we ask that you sign the Parent/Guardian Statement of Confidentiality.
- Your child is to document all hours given in service to Harmony Hospice via email. This is necessary to enable Harmony Hospice to fulfill our Federal mandate to utilize volunteers, and to make it possible for us to document the teen's contribution should documentation be needed as a proof of community service hours.

Patients with Known Communicable Diseases

Please initial below to indicate that you grant or deny permission to your child to be assigned to a patient with a known communicable disease.

_____ I grant permission _____ I **DO NOT** grant permission

Parent/Guardian Statement of Confidentiality

I agree to keep confidential any information shared with me by my child who has volunteered for Harmony Hospice.

_____

Parent/Guardian Signature Print Name Date

I hereby give consent for my child, _____, to participate as a volunteer for Harmony Hospice. I agree to release and hold harmless Harmony Hospice, its board of directors, officers, employees and representatives from any and all liability of any kind of nature whatsoever in connection with any injury, loss, damage, or expense suffered or incurred by the above-named youth volunteer as a result of an act or failure to act, intentionally or unintentionally, related to their volunteer activity.

In the event of a medical emergency, I understand that emergency medical treatment will be sought for my child. In the event that an effort to reach the parent or guardian is not successful, I also authorize the adult agents, officers, employees or representative of Harmony Hospice to consent to any X-ray examination, anesthetic, medical or surgical diagnosis/treatment and hospital care. Please list any known allergies:_____

The undersigned has read, understood and freely and voluntarily agreed to the terms and conditions of this agreement as outlined.

_____

Parent/Guardian Signature Print Name Date

Media Consent Release Form

I authorize permission to the use, reproduction, and sale (royalty-free) of still photographs, video, and recorded sounds by Harmony Hospcie, LLC for the purpose of training, education, trade, display, editorial, advertising, promotion, art, print materials, video, social media, mobile app, and online website use.

Print Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Consent Signature:_____

Date:_____

If the subject is a minor, please indicate the minor's name and address, if different from the above.

Print Name of Minor:_____

Address:_____

City:_____ State:_____ Zip:_____

Signature of Guardian:_____

Date:_____

Parent/Guardian Consent for Teen Volunteer Tuberculosis (TB) Testing

This test will only be administered to volunteers who will be visiting patients on a weekly basis.

Teen/Minor Volunteer Name: _____ **Date:** _____

I, _____, hereby give my permission for my child,
Parent/Guardian (print name)

_____, for Harmony Hospice to administer a Mantoux Skin Test to ensure that he/she is free of active disease. I understand that if he/she has a positive reaction to this test, he/she will need to obtain a chest x-ray and/or be examined by a physician.

Signature: _____ Date: _____

Parent/Guardian Phone: (_____) _____-_____

Date Given: _____ Time: _____Signature/Title: _____

Tuberculin Purified Protein Derivative lot #: _____

Expiration Date: _____

0.1 mL TUBERSOL injected intradermally – site: _____

Results to be read 48-72 hours following administration.
The results should be read in mm of induration only.

Results read by: _____

Date: _____ Time: _____

Results: _____ mm of induration.