



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 LWestbrooks@HarmonyHospice.org
1200 N El Dorado Place, Suite B-200, Tucson, AZ 85715



Media Consent Release Form

I authorize permission to the use, reproduction, and sale (royalty-free) of still photographs, video, and recorded sounds by Harmony Hospice, 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.