



Dear prospective hospice volunteer:

Thank you for your interest in our volunteer program. Transitions Hospice highly values our volunteers and the service they provide to our patients and their families. We are experts in the art of living. We empower our patients and their families to embrace life. We focus on the practical side of living with tools and support. Volunteers play a very important role in pursuit of our mission.

In order to qualify, all hospice volunteers must meet governmental requirements as well as standards established by Transitions Hospice. Volunteer applicants must provide the following documents to qualify as a Hospice Volunteer.

A Volunteer Application must be completed before or during the orientation. This can be found on www.transitionshospice.com and submitted during orientation.

During the orientation, the following documents will be explained and completed.

- Sign an authorization for a criminal history background check.
- Bring proof of valid government issued identification, such as your driver's license, state ID or passport.
- Bring evidence of current automobile insurance.
- Sign a statement to accept or decline Hepatitis B Vaccine. If accepted, the vaccine will be provided at the expense of Transitions Hospice.
- Sign a statement that the following have been received and explained: a volunteer handbook, policies, a confidentiality agreement, a HIPAA compliance agreement and a "Code of Conduct" agreement.

The following documents must be signed by a provider after orientation. These documents complete your application and must be submitted before a mentor and a patient are assigned to you.

- A completed physical examination. The physical exam will be at the expense of Transitions Hospice if completed by our authorized provider. If you have evidence of a physical exam in the past year, you can submit it to meet this requirement.



- A completed TB test. The test can be administered by a Transitions Hospice nurse and checked within 24 to 36 hours to be complete. Evidence of a TB test within 3 months prior to the volunteer application is acceptable. If you had a TB test or a chest x-ray in the last year, you can submit proof of the test to meet this requirement
- Submission of your fingerprints background search. The fingerprint search will be provided at the expense of Transitions Hospice. It must be completed within 10 days of the authorization. If you have evidence of a fingerprint search, you can submit it to meet this requirement. You may complete this requirement at your hometown police department.

An orientation and training program will be scheduled on a date and location that is acceptable to you. This orientation is required for all volunteers. In addition, a Volunteer Manual will be provided which will require completion of a quiz. The answers to the quiz can be submitted with all the other documents.

Fax, mail or email all documents to the Volunteer Program office located at 12040 Raymond Court, Huntley, Illinois 60142. Call the Volunteer Coordinator at 847-515-1505 if you have questions.

Thanks again for your interest in our Transitions Hospice Volunteer Program. We look forward to seeing you complete the orientation and begin working with a mentor and a patient.

Sincerely,

Debby Reilly
Volunteer Coordinator
volunteer@transitions hospice.com
630-486-2071



VOLUNTEER APPLICATION

Please print:

NAME			DATE
ADDRESS			PHONE (HOME)
ADDRESS2			PHONE (CELL)
CITY	STATE	ZIP	PHONE (WORK)
EMAIL			DATE OF BIRTH

Are you 16 years or older? Yes No
Are you legally eligible to work in the United States? Yes No
Have you ever been convicted of a crime? Yes No
If yes, give dates and offenses: _____

How did you hear about Transitions Hospice?

Volunteermatch.org Newspaper Ad Transitions Website Community Event Google Church
 Other (describe): _____

Areas of Hospice Interest:

Companionship Volunteer Vigil Volunteer Music Volunteer Pet Volunteer
 Bereavement Volunteer Office Volunteer Other (describe): _____

Skills and Interests:

Arts & Crafts Medical Skills Singing
 Play Instrument (list): _____ Office Work Read
 Multi-lingual (list) _____ Other _____

DRIVERS LICENSE #	EXPIRATION DATE
AUTO INSURANCE COMPANY	EXPIRATION DATE

Person to Notify in Case of Emergency

NAME		RELATIONSHIP
HOME PHONE	CELL PHONE	WORK PHONE



VOLUNTEER APPLICATION

Experience

Current employer and occupation: _____

If Student, list school and major: _____

Describe any past volunteer experience: _____

Do you have a physical impairment that might affect your volunteer work? Yes No

I authorize Transitions Hospice to send text messages to my cell phone to keep me informed. Yes No

Volunteer Agreement

Becoming a hospice volunteer is a commitment of time and heart. Transitions Hospice volunteers are asked to make a commitment of one year service to our patients, families and/or administrative support staff. Each year, volunteers are given the opportunity to “re-commit” to their service at Transitions Hospice. In addition to this commitment, you understand that the following will be expected of you as a hospice volunteer:

1. Adherence to hospice philosophy and company mission;
2. Attendance at continuing education and in-service programs;
3. Compliance with all Transitions Hospice policies and procedures;
4. Advance notice of resignation from this program.

All volunteer opportunities are contingent upon the following:

1. You are legally eligible to work in the United States and provide proof of valid government issued identification (driver’s license/state ID/passport);
2. Verification of the information provided on your volunteer application;
3. We receive a satisfactory response to the background investigation;
4. You submit your fingerprints for registration with IL Dept. of Public Health (IDPH);
5. Proof of satisfactory tuberculosis screening and valid Health Certification (physical exam);
6. Proof of automobile insurance, as applicable;
7. Completion of hospice volunteer orientation.

Transitions Hospice would like your permission to collect photographs, video or audio (media) of you for use in internal and external publications, bulletin boards, social media, website and/or media outlets. The information will be used for the designated purposes of public relations, marketing and/or the education of special programs and hospice services provided by Transitions Hospice.

I authorize Transitions Hospice to collect media for the above specific reasons. I understand that Transitions Hospice will retain the ownership rights to the media collected, but that I will be allowed access to view or obtain copies of said media.

I do not authorize Transitions Hospice to collect any media for the above specific purposes.

SIGNATURE

DATE