



Volunteer Application

Our Policy

It is the policy of Heartlinks Grief Center to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Contact Information

Name	
Street Address	
City, State and Zip	
Home Phone	
Cell Phone	
Other Number	
Email Address	

General Information

Occupation:	Place of Employment:
Student? Yes No (circle one)	What School?
Gender: Male Female (circle one)	Marital Status: Single Married Divorced Widow/Widower (circle one)
Date of Birth:	Children: Yes No (circle one)
Have you had a major loss (death, divorce, other within the past 2 years)? Yes No (circle one)	
If Yes, please give us a little information – What was the loss? When did it occur?	

Availability

During which hours are you available for volunteer assignments and trainings?

- Weekday Mornings Weekend Mornings Monday Nights
- Weekday Afternoons Weekend Afternoons Wednesday Day
- Weekday Evenings Weekend Evenings

Specify times or other information we should know: _____

Interests

Tell us which areas you are interested in volunteering

- Direct Care Work Speaker Office Work
- Events/Fundraising Computer Phone – Answer & Call
- Newsletter Production Website
- Graphic Arts Crafts

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Reference

Name	
Street Address	
City, State and Zip	
How do you know them?	
Cell Phone	
Email Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State and Zip	
How do you know them?	
Cell Phone	
Email Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Printed Name _____

Signature _____

Date _____

Thank you for completing this application form and for your interest in volunteering with Heartlinks Grief Center.



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Authorization and Release for Volunteer Positions

In connection with my position as volunteer for Heartlinks Grief Center, I understand that a consumer report may be requested. I understand that as directed by Heartlinks Grief Center policy and consistent with the job described, you may be requesting information from public and private sources regarding my criminal history, social security verification, and motor vehicle record. I voluntarily and knowingly authorize the company and/or its agents to verify any aspect regarding my criminal history, driving history, or social security number through public and private sources.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees, and agents to release any and all information concerning my social security number, criminal and motor vehicle record to your agents.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any person, firm, corporation, or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney’s fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize Heartlinks to procure a consumer report as part of the background investigation. This authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my volunteer period. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any volunteer decisions.

_____ Signature _____ Date _____

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

PLEASE PRINT CLEARLY

Last Name		First Name		Middle
Other Names Used <i>(include maiden name, aliases and nick names)</i>				
Address				
City, State, Zip				
Telephone Number		Social Security Number		Date of Birth
Driver’s License Number		State	Sex <i>(circle one)</i> M F	Race



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Compliance Program Volunteer Certification Statement

I, _____, certify that I have received initial compliance training and have read and understood the Standards of Conduct of Heartlinks Grief Center at Family Hospice. In addition, my signature indicates that I understand my obligation, as a volunteer of Heartlinks, to abide by the Standards of Conduct, comply with federal and state laws, and report any violations I discover or witness. I understand that failure to do so may be grounds for immediate dismissal as a volunteer.

I understand that all work with Heartlinks Grief Center at Family Hospice and its patient/family relationships is of a confidential nature and any information to which I have access is privileged. All information will be held in strict confidence and will be shared only with appropriate Heartlinks/Hospice personnel.

I understand the Boundary Policy and will adhere to the tenets of the policy and agree to abide by the policy.

After completion of the required volunteer orientation and training course, I will attend periodic in-service training sessions to update my knowledge and understanding of the Heartlinks/Hospice philosophy, services, and practices.

Printed Name

Signature

Date

Volunteer Coordinator Signature

Date



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Heartlinks Grief Center: Boundary Policy

Heartlinks serves many children and their families that are working through a major crisis in their lives. The bottom has just dropped out of their world and our families are working to survive. It is the innate goodness in all of us that makes us see the deep needs of the grieving kids and open ourselves up to companion with the kids on their long, hard bereavement journey. It is also this desire to companion that sometimes creates gray areas when boundaries come into question.

This policy is designed to provide specific guidelines for maintaining appropriate boundaries. It is important that you remember that maintaining boundaries is not about being “good” or “bad,” rather it is about providing safety to Heartlinks’ children, their families, ourselves, and our own families.

The Heartlinks Boundary Policy:

- Phone numbers (home, cell, work), home addresses, e-mail addresses, instant messaging, social networking (i.e., Facebook, Myspace, Twitter, etc.) and any other form of personal contact information is not to be shared with children or their families ***unless it is approved by Diana Cuddeback prior to sharing this information.***
- Meetings with Heartlinks’ clients (children or their families) outside of regularly scheduled Heartlinks’ activities are prohibited. To protect the confidentiality of the program, as well as for insurance purposes, it is important that interpersonal relationships be limited to interactions at Heartlinks’ functions only.
 - One exception to this rule would be if there was contact with the child or their family prior to participation in Heartlinks’ services. If there was an established relationship before you or the clients joined Heartlinks we encourage you to maintain that contact. We do not want to sever existing ties; however, if you did not know clients prior to Heartlinks, starting one after would be highly inappropriate.
- Anytime a client displays behavior that makes you uncomfortable (e.g., hurting him/herself, touching someone inappropriately, etc.) you must immediately report this behavior to Diana. Do not wait until after group. Stop whatever you are doing and remove the child from group if necessary for safety purposes.
- Personal anecdotes and information should be shared sparingly. Information about your own experiences can be useful to facilitate the children’s grief. However, you must check in with yourself and make sure that you are sharing as a means of furthering the children’s grief process and not because your own needs.
- It is important that you respect children’s rights to accept or reject physical displays of affection. As a rule, it is safest to let children initiate touch and to limit touches to reciprocation until trust has been established. Even after trust has been established, touch should continue to be limited to ensure that it is not misinterpreted.

I have read and understand the above boundary policy and agree to abide by this policy.

Signature

Date



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Heartlinks Photo/Video Release Form

The *Heartlinks Grief Center* has my permission to use my or my child's image, likeness and sound of my voice as recorded on audio or video without payment or other consideration to promote the grief center in our community. I understand my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to compensation related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations, courses, or videos
- informational presentations
- online newsletters/social media
- grant requests
- promotional pamphlets

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting by *Heartlinks Grief Center*.

- I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.
- There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Signature

Date

If client is a minor, the signature of that minor's parent or legal guardian is required.

Minor Names _____

Parent/Guardian Signature

Date