

The Heart Touch Project Application



GENERAL INFORMATION

Please print legibly above each line.

Today's Date

First Name

M.I.

Last Name

Mailing Address

Suite/Apt No.

City

State

Zip Code

() _____
Home Phone

() _____
Work Phone/Ext

() _____
Cell Phone/Pager

() _____
Fax

Email Address (*Important: Our primary means of communicating with you*)

Social Security Number: _____ (required for background check)

Date of Birth: / /
 month day year

Sex: Male Female

Occupation

Employer

How long have you been with your current employer? _____ Hours weekly _____

Education completed: _____ Degree _____

Language(s) spoken _____

Have you ever been convicted of a felony? Yes No

If yes, explain _____

Do you have access to reliable transportation to perform your volunteer work? Yes No

Do you have a valid California driver's license? Yes No

Do you have automobile liability insurance? Yes No

Ethnicity (optional): Hispanic/Latino White Black/African American Asian

Native American Pacific Islander Other

VOLUNTEER INTEREST

Are you interested in becoming a volunteer at a hospice? Yes No

Most hospices require a one year commitment. Are you able to volunteer for one hour a week for one year (a total of 48 hours/year)? Yes No

Would you be willing to travel to your client's home? _____

If yes, to what areas would you be willing to travel? _____

What skills, talents and interests do you have that could apply to working as a volunteer?

If you have previous volunteer experience, what have you enjoyed the most? _____

What have you enjoyed the least? _____

**PRACTITIONER INFORMATION
(IF APPLICABLE)**

What type of healthcare practitioner are you? (i.e., massage therapist, nurse, chiropractor, physical therapist, acupuncturist, etc.)

Are you certified? Yes No If no, when will you be certified? _____

Educational background/training: _____

Are you currently working as a health care practitioner? Yes No

If yes, where? _____

Are you an active member of any professional organizations? Yes No

Please list names of organizations: _____

HEALTH SCREENING

Have you ever been tested for TB? Yes No Results: _____

Do you have access to your immunization records? Yes No

Were you born outside of the United States? Yes No

Briefly describe the condition of your current health: _____

Are you currently certified in CPR? Yes No

Do you currently carry malpractice insurance? Yes No If so, with whom? _____

CLIENT KNOWLEDGE

Are you knowledgeable about hospice care, HIV/AIDS, Alzheimer's, dementia, premature infants, or children with special needs? Yes No

If yes, please explain: _____

Are you knowledgeable about any other illness or condition? _____

Do you currently work with AIDS, hospice care patients, hospitalized children, and/or seniors?

Yes No If yes, which and in what capacity? _____

Do you have concerns associated with working with AIDS or hospice care patients, seniors or special needs children? Yes No

If yes, what are your concerns? _____

APPLICANT COMMENTS

What are the important losses in your life and their approximate dates? (e.g. father's death in 1992)

REFERENCES**Reference #1**

Name: _____ Relationship: _____

Phone number: () _____

Reference #2

Name: _____ Relationship: _____

Phone number: () _____

Reference #3

Name: _____ Relationship: _____

Phone number: () _____

EMERGENCY CONTACTS**Contact #1**

Name: _____ Relationship: _____

Phone number: () _____

Contact #2

Name: _____ Relationship: _____

Phone number: () _____

COMMITMENT TO PARTICIPATE

I, _____, am committed to participating in this training(s) and I have cleared my schedule so that I can participate. I have written the dates for this training into my calendar or schedule.

If I can not participate in this training, I agree to contact the Heart Touch office as soon as I know of this change. I understand that a refund of \$200 will be made if cancellation is made up to three days before the training. No refunds will be made if cancellations are received two days or less before the scheduled training (Please sign and date):

Signature: _____

Date: _____