



Call/Email Response Date: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

- Department Assigned:  MC  Hospice  
 TR  Aux/Gift Shop  AL/Rob/Day Center  
 Business Office  Home Care  Foundation  
 Dietary  Administration  Rehabilitation

**PERSONAL INFORMATION** (Please Print)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
MM/DD/YR

Address: \_\_\_\_\_  
Street Town Zip

Home phone #:	Cell phone #:
Work phone #:	E-mail address:
Emergency contact name:	Emergency phone #:
Contact relationship:	Contact Address:

Occupation: \_\_\_\_\_ If retired, prior occupation(s): \_\_\_\_\_

Past volunteering experience: \_\_\_\_\_

Community affiliations or organizations in which you participate(d): \_\_\_\_\_

Foreign language abilities, educational or special training/skills, hobbies, talents, special interests:

Have you experienced any significant personal losses in the past year?  Yes\*  No

\* Note: We encourage anyone who has experienced a significant personal loss, to wait a minimum of one year after the loss to serve in the capacity of a Hospice patient care, public relations or administrative services volunteer.

**VOLUNTEERING INFORMATION**

Indicate times and days you most likely can volunteer to support clients, families or the program.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
a.m.						
p.m.						

McLean's Hospice service area includes: Avon, Bloomfield, Canton, East Granby, Farmington, Granby, North Granby, Simsbury, West Hartford, Burlington and Windsor.

Are you willing to visit clients in McLean's Service Area?  Yes  No

If "no" please specify towns to which you will not travel: \_\_\_\_\_

**REFERENCES - Please list two references that we may contact:**

Name	Relationship	Phone/Email

PICTURE ID REQUIRED (e.g., driver's license) Attached  Yes  No (will provide at interview)

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**McLEAN**  
**Confidentiality Statement**

I understand that in the performance of my duties as a Volunteer at McLean, I may have access to certain confidential information relative to McLean, its clients, residents, and employees. Such confidential information consists of, but is not limited to, client/resident health information and records, client/family-related issues, job histories, performance evaluations, rate of pay, employee personal problems, McLean financial information and business plans.

I further understand that to divulge confidential information relating to McLean and its clients or employees for any purpose other than business-related may be grounds for immediate termination from McLean.

While at McLean, I may also hear or see information concerning clients/residents. I understand that I am obligated to maintain the confidentiality of this data at all times, both at work and off duty. I understand that a violation of these confidentiality considerations may result in disciplinary action, including termination. I further understand that I could be subject to legal action.

I certify by my signature that I have participated in the orientation and training session concerning the privacy and confidentiality considerations of McLean employees and clients/residents.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Please Print*

\_\_\_\_\_  
*Signature*