Call/Email Response Date: _____
Orientation Date: ______________

Interest / Department: ❒ Memory Care ❒ Hospice ❒ Meals on Wheels ❒ Health Center ❒ Outpatient Rehab ❒ Gift Shop ❒ Day Program

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