



## Volunteer Service Application

Hillcrest Health Services • 1820 Hillcrest Drive, Suite B Bellevue, NE 68005  
hillcrestvolunteers.com • 402.934.2376

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

Group/Organization: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Home/Work/Cell

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred method of communication: \_\_\_email\_\_\_ phone

How did you hear about this volunteer opportunity? \_\_\_\_\_

Has a civil or criminal complaint ever been filed against you that alleged sexual misconduct or abuse? **Yes No**

Have you ever been convicted of a crime (misdemeanor or felony) or minor traffic violations? **Yes No**

Have you ever been terminated from a volunteer service or employment due to misconduct toward a patient/client/customer/participant? **Yes No**

If **Yes** on any of the above, please explain: \_\_\_\_\_

Are you 18 years of age or older (under 18 need to have consent) **Yes No**

Have you ever volunteered for Hillcrest Health Services? **Yes No**

If yes, give details: \_\_\_\_\_

Have you received a COVID-19 vaccine? **Yes No**

If **Yes**, please email a copy of your vaccination card with this application.

Should the need arise, do you agree to abide by any policies and procedures Hillcrest may set regarding infectious diseases? **Yes No**

Time preference: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening

Day(s) of week preferred \_\_\_\_\_

Length of time you wish to serve in one session: \_\_\_ 1 Hour \_\_\_ 2 Hours \_\_\_ 3 Hours \_\_\_ Longer Periods

Location: \_\_\_ Hillcrest Country Estates Cottages (Papillion) \_\_\_ Hillcrest Country Estates Grand Lodge (Papillion) \_\_\_ Hillcrest Shadow Lake (Papillion) \_\_\_ Hillcrest Home & Community Services (Bellevue) \_\_\_ Hillcrest Mable Rose (Bellevue) \_\_\_ Hillcrest Health & Rehab (Bellevue) \_\_\_ Hillcrest Millard (Omaha) \_\_\_ Hillcrest Silver Ridge (Gretna) \_\_\_ Hillcrest Firethorn (Lincoln) \_\_\_ Hillcrest Hospice (Nebraska) \_\_\_ Hillcrest Hospice (Iowa)

## Community Volunteer Programming

- Group that is already formed     Bingo     Polish nails     Happy hours  
 Assist with holiday parties     Outings     Bible study     Office support/clerical  
 Assisting with crafts     Musical talents     One-on-one visits     Pet visitation\*

Are there any other skills drawn from previous experiences you would care to use in volunteer work (hobbies, talents, work or volunteer experiences)? \_\_\_\_\_

\*Pet visitation volunteers must submit the pet's current vaccination records as well as a therapy animal certification and/or recommendation letter of good behavior from a veterinarian.

## Hospice Volunteer Programming

- One-on-one visits     No One Dies Alone Program     Veteran-to-veteran care     Administrative support

### Questions for Hospice Volunteers Only

Have you had a family member or friend use hospice services? If so, who and how long has it been since they were a hospice patient? \_\_\_\_\_

Have you lost a loved one in the last year? If so, do you believe this will have a positive or negative impact on your volunteer service? \_\_\_\_\_

### Level IV: Internship/Practicum

School/college/university: \_\_\_\_\_

Student requirements for internship/practicum: \_\_\_\_\_

## Confidentiality Agreement

Volunteers have access to confidential information. It is the volunteer's moral, professional and legal obligation to keep all information regarding customers, the organization and team members confidential. All people have certain information that they would not wish to be shared with others. It is important for the dignity of those we care for, and work with, to respect the right of confidentiality. It is the responsibility of all volunteers to safeguard all confidential information.

As long as I am a volunteer with Hillcrest Health Services I agree to follow company, state and federal confidentiality laws and regulations as well as all Hillcrest Health Services policies and procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Acknowledgment

In signing your name below, you are indicating that all of the information you provided is true, correct and complete.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

## Parental/Guardian Consent for Minor

Your son/daughter has expressed an interest in participating in Hillcrest Health Services' Volunteer Program, and they are under 18 years of age. Since volunteering requires a commitment of time, training and transportation, we are requesting your written permission for your son/daughter to participate. Please sign and date this consent form acknowledging that your son/daughter will participate in volunteer opportunities and that you accept responsibility for their transportation.

I give permission for my son/daughter to perform volunteer service within Hillcrest Health Services. I have discussed this commitment with them and support their efforts.

Son/Daughter's Name (please print): \_\_\_\_\_

Son/Daughter's Date of Birth: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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