



## Volunteer Program Overview and Application

Volunteers that have direct or indirect interaction with hospice patients and their families are required to have the following and receive a minimum of 12 hours of volunteer training.

- Volunteer Application
- Interview/Assessment
- Background Check
- TB Test
- 2 personal or professional references
- Copy of Driver's License
- Proof of Current Automobile Insurance Liability
- 12 hours of Direct/Clinical Support Training
- Record of current seasons flu immunization
- Record of full immunization for COVID-19

*\*\*\*Community groups and individuals who support Trellis Supportive Care through meals, baking, sewing, gardening, or other special projects are not subject to volunteer training. \*\*\**

1. Prospective volunteers must complete the Volunteer Application and return it to:  
  
Trellis Supportive Care  
ATTN: Volunteer Services  
101 Hospice Lane, Winston-Salem NC 27103  
  
Or email: [volunteer@trellissupport.org](mailto:volunteer@trellissupport.org)
2. After the application is reviewed, a member of the Volunteer Services Department will respond to the application by email, phone, or letter. A face-to-face interview may be requested.
3. Completed applications *do not* guarantee placement in a volunteer position.
4. Once the interview has been conducted, references are checked and the background investigation is complete, the applicant may be invited to an upcoming training course.
5. All accepted applicants must complete the specific training required for the position.
6. Upon completion of training, Direct Care and Clinical Support Volunteers are expected to volunteer 2 to 3 hours per week for a minimum of one year or 100 hours.

Thank you for your interest in volunteering for Trellis Supportive Care.  
If you have questions, please contact Volunteer Services at [volunteer@trellissupport.org](mailto:volunteer@trellissupport.org)  
or by calling 336-768-6157 ext. 1560 or 1-888-876-3663 ext. 1560.

Trellis Supportive Care -Volunteer Application

**Personal Information**  
(Please Print)

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

\_\_\_\_\_  
(Preferred Name)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Ethnic Code (Select One Only)**

- American Indian    Asian, Not Hispanic, or Latino    Black or African American    Hispanic or Latino  
 Native Hawaiian/Other Pacific Islander    Two or More Races, Not Hispanic or Latino    White

**Student Status**

Are you a student?

No    Yes   School Name: \_\_\_\_\_

**Applicants 16 and under must use the teen application and have a parent's signature.**

**Veteran Status**

Are you a veteran?

No    Yes   Branch of Service: \_\_\_\_\_

How did you hear about our volunteer opportunities?

\_\_\_\_\_  
Do you currently have a loved one in hospice care?    Yes    No

Have you experienced a significant loss within the last year? \_\_\_\_\_

If so, what was your relationship and when was the loss? \_\_\_\_\_

**ONE YEAR RULE:** We ask everyone to wait for at least one year after experiencing a loss before applying to become a volunteer. We have found it takes at least this long to live with one's own grief before being able to help others.

## Emergency Contact Information

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### Volunteer History

Organization	From (Mo/Year)	To (Mo/Year)	Position/Description of Role

### Employment Experience

Employer	From (Mo/Year)	To (Mo/Year)	Position/Description of Role

## Record Checks

Due to the serious nature of the work done by Trellis Supportive Care and the responsibility placed upon volunteers, we will conduct criminal history background checks before accepting an individual into the volunteer program.

Have you lived in North Carolina for at least 5 years?       Yes       No

Have you ever been convicted of a criminal offense?       Yes       No

If yes, please explain: \_\_\_\_\_

## Availability

(Please check all that apply)

\_\_\_\_ Daytime

\_\_\_\_ Evening

\_\_\_\_ Weekends

\_\_\_\_ Weekdays

## Areas of Interest

Please identify the areas of service that interest you. (Mark all that apply)

\* Hospice Home    \* Welcome Desk    \*Home Care    \*Nursing Facilities   \* Office Support

\*\*Notary Public    \*\*Complementary Therapy    \*\*Animal Assisted Therapy    \*\*Haircuts

\* *Requires 12-hour volunteer training class*

\*\* *Requires 12-hour volunteer training class as well as additional specific training and/or certification.*

~Speakers Bureau/Health Fairs   ~ Gardening   ~ Hospice Bingo at Nursing Facilities

Church Liaison   Sewing    Baker    Pantry Patrons

Youth IMPACT (Middle school to college aged-please complete teen application)

~ *Requires Volunteer Orientation*

### Please check all that you would be comfortable with

Smoking in homes    Dogs in homes    Cats in homes    Making phone calls

Answering phones/greeting visitors    Morning visits    Evening visits    Weekend

In which geographic areas (zip codes) are you willing to volunteer?

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Distance you are willing to travel from your home to volunteer:

\_\_\_\_ 5-10 Miles

\_\_\_\_ 10-20 Miles

\_\_\_\_ 20-40 Miles

Are you fluent in any other languages? \_\_\_\_\_

List additional special skills & talents (i.e., photography, hobbies/crafts, or computer skills)

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## Questionnaire

1. Why do you want to become a volunteer with our organization?

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2. If you were told you only had six months to live, what would you do?

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3. What are your experiences with and/or personal philosophy on death/grief?

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## Signatures and Authorization

At times, information concerning a volunteer may be used in a press release, for fundraising purposes or other reasons deemed appropriate by Trellis Supportive Care. By submitting this application, the volunteer provides consent for Trellis Supportive Care to use the volunteer's name, title, portrait, picture, video image, photograph, or any reproduction likeness or quotation of the volunteer's remarks for public information, fund-raising purposes, or other organization programs as approved by Trellis Supportive Care.

Trellis Supportive Care is not obligated to provide a placement, nor are you obligated to accept a position offered. Opportunities for volunteers are provided without regard to race, color, religion, gender, sexual preference or orientation, genetic information, national origin, age, disability, or veteran status.

I understand that all volunteers represent Trellis Supportive Care and are subject to the rules and regulations of the organization. I authorize the organization to acquire additional information from references included in this application and I hereby release them, their companies and Trellis Supportive Care from any liability whatsoever concerning this information obtained through this application.

The information provided has been completed thoroughly and truthfully by the Volunteer Services Program Applicant. This application and any other documents obtained during this application process will remain confidential in the Trellis Supportive Care Volunteer Services Office.

Applicant Name: (Please Print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if between the ages of 16-18):

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