



ST. FRANCIS HOSPICE
HELPERS APPLICATION

Name: Miss/ Ms./ Mrs./ Mr. _____

Preferred Nickname: _____ E-Mail address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number: (____) _____

Work Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Current Grade in School _____ Name of School _____

School Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Work Phone Number: _____

Cell Phone Number: (____) _____

Why Do You Want To be A Hospice Helper? _____

TYPES OF SERVICE:

The categories listed are general and not inclusive of all possible duties. Please mark those that interest you.

Office: Data Entry _____ Data Base _____

Sewing _____ Crafts _____ Assembling projects (forms, supplies, etc.) _____

Musical instrument (i.e. harp, piano) _____

SKILLS

Please list any skills in which you are experienced and would be willing to share with us: (i.e. typing, computers, sewing, and gardening)

Please complete the information below if you are helping Hospice to fulfill a community service hours commitment: (example: school, court, honor society, club, etc.)

Hours required by: _____

Reason hours needed: _____

Supervisor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Hours needed: _____ Date hours to be completed: _____

CONFIDENTIALITY AGREEMENT

I understand that while helping St. Francis Hospice I may have access to verbal, written, filmed and recorded hospital and patient information. I understand that this information can only be shared with those who need to know it to do their job. I must keep this information confidential at all times both when helping hospice and when with family, friends and others in the community. I understand that I may receive disciplinary action, including dismissal as a Hospice Helper or legal action, if I violate this confidentiality pledge.

I guarantee by my signature that I have been informed of St. Francis's confidentiality policy concerning private information and its treatment.

Applicant's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____