



Volunteer Application

Ennoble Care, LLC

2 University Plz Ste 204, Hackensack, New Jersey 07601

Date: _____

Thank you for your interest in becoming a volunteer. The following information will provide us with a clear understanding of your abilities and interests that will help us determine your capabilities. This information will prove helpful in marking volunteer assignments.

Please fill out all the sections below:

Volunteer Information

Volunteer Name: _____

Address: _____

Address 2: _____

City, State, and Zip Code: _____

Phone Number: _____

Email Address: _____

Personal information

Have you ever volunteered for: Ennoble Care, LLC? Yes No

If yes, when? _____

Do you have friends, relatives, or acquaintances volunteering for the listed companies? Yes No

If yes, please state name and relationship: _____

Are you 18 years of age or older? Yes No

Do you speak any foreign languages? Yes No If yes, Which? _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No volunteer will be denied solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)



Areas of Interest

Patient Support Services

- Companionship/Caregiver Relief
- Assistance with meal preparation
- Bereavement/Emotional Support
- Enrichment Services (music/art)

Administrative Support Services

- Data entry, Filing, Copying, Assistance with mailings, etc.

Availability

Number of hours to volunteer each week:

Please check days available.

Monday –	Morning	Afternoon	Evening
Tuesday –	Morning	Afternoon	Evening
Wednesday –	Morning	Afternoon	Evening
Thursday –	Morning	Afternoon	Evening
Friday –	Morning	Afternoon	Evening
Saturday –	Morning	Afternoon	Evening
Sunday -	Morning	Afternoon	Evening

Volunteer Skills/Qualifications

Please list below the skills and qualifications you possess:

Education and Training:

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned



Previous Volunteer Experience:

Organization: _____

Volunteer Activities: _____

Dates: _____

Organization: _____

Volunteer Activities: _____

Dates: _____

Organization: _____

Volunteer Activities: _____

Dates: _____

References:

Please provide 2 personal and professional reference(s) below:

Name	Contact Information	Relationship

CODE OF ETHICS FOR VOLUNTEERS:

As a Volunteer, I realize I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume accountability for my work and will seek to fulfill my responsibilities to the best of my ability. I understand that any information disclosed to me while assisting Ennoble Care is confidential. I interpret my role as Volunteer to mean that I have agreed to work without monetary compensation. Having been accepted as a Volunteer, I will do my work according to the standards set forth in the Hospice Volunteer Code of Ethics agreement.

DECLARATION

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that by submitting this application and consenting for a background investigation I am authorizing inquiries to be made concerning my employment, character, and public records for the sole purpose of determining my suitability as a Volunteer. I affirm that I have read the Volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any patient or family during my Volunteer activities with Ennoble Care, LLC.

Volunteer Signature: _____

Date: _____