



Dear Prospective Volunteer:

Thank you for expressing an interest in volunteering at **THA Concierge Care's, Island Hospice and Palliation Choices**. Our volunteer program provides individuals with an opportunity to make a difference by enhancing the quality of patient care through donated service hours. We rely on volunteers, and we could not be of help to others without them.

Becoming a volunteer is indeed a rewarding and fulfilling experience and one that we want you to enjoy thoroughly. To ensure we select volunteers who best meet the needs of our patients, our organization and for you to have a good experience, our process for selecting volunteers is extensive.

Enclosed you will find our volunteer application along with a listing of volunteer opportunities. All applications submitted will be reviewed within seven days of receiving. Candidates must complete an application package; engage in an interview; and pass health-screening tests including a drugs test. Please email opportunities@thagroup.org to receive the most up-to-date application.

Volunteer program requirements

- **Age-18 years or older**
- **Minimum commitment of 20 hours of service per year**
- **Clear background check, including OIG**
- **Clear drug screen**
- **Clear fingerprints (Direct Patient Care Only)**
- **Two (2) letters of recommendation from non-family members (return with application)**
- **One-on-one interview(s)**
- **Mandatory orientation (during orientation we will cover volunteer regulations, hospital policy & procedures, infection control, safety and security)**
- **TB, Flu and COVID-19 vaccination**
- **CPR Certification**

All of the following are requirements that apply to most adult volunteers. If you do not feel that you are able to meet each one of these requirements, please contact the Volunteer Services Coordinator before applying. We are excited you have chosen us as an opportunity to volunteer. Once we have received your information and have reviewed it for appropriate qualifications, we will be in touch with you to inform you of your status.

Sincerely,

Volunteer Services Coordinator



VOLUNTEER INFORMATION SHEET

First Name: _____ MI _____ Last Name _____

S.S. # _____ - _____ - _____ D.O.B. ____/____/____ (mm/dd/yyyy)

Male _____ Female _____ Ethnicity/Race _____

Phone Number _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Information

First Name: _____ Last Name: _____

Contact Number: Daytime _____ Cell phone: _____

Email Address _____ Relationship _____

OFFICE USE ONLY

Has applicant ever been convicted of a crime other than a minor traffic violation?
Yes ___ No ___ If yes, please see attachment.

Submitted to HR on: _____

Delivery Method: Inter-Office or Electronic Message



Volunteer Application

We appreciate your interest in volunteering with our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will assist us in placing you in the position that best meets your qualifications to offer you the best volunteering experience.

Placement will be limited to available volunteer positions.

Name _____

Address _____

City/State/Zip _____

Home # _____ Work # _____

Cell # _____ E-Mail _____

Have you ever worked at THA Concierge Care and/or its' affiliates?

If yes, please give dates of employment and department area:

Do you have any relatives who currently work at THA?

Are you currently employed? _____ If so, where? _____

Name of current supervisor or manager: _____

Education background: please check highest level completed

High School _____ College _____ 1 _____ 2 _____ 3 _____ 4 _____

Master's _____ Doctorate _____



Volunteers play an important role in patient care. You will interact with patients and their families, as well as with medical personnel and other staff. Our goal is to place you in a position that allows your talents to shine. There are several areas possible for volunteering.

Patient Care Services:

- Companionship
- Caregiver Respite
- Reading
- Play Music
- Family Support
- Light Meal Prep & Nutrition
- Light Housekeeping
- Shopping
- Errands
- Assist with Ambulation
- Other: (Specify)

Administrative/Clerical Support:

- Create start of care paperwork
- Make crafts/gifts for patients
- Create Marketing Collaterals
- Manage Social Media
- Plan Events (i.e. Memorial)
- Fundraising/Community Awareness

Day(s) of the week preferred: Please indicate times preferred by circling the day and time of day you prefer. List the hours you are available.

Availability: Mon Tues Wed Thurs Fri Sat Sun.

Morning _____ Afternoon _____ Evening _____

Weekends: Saturday Sunday

Morning _____ Afternoon _____ Evening _____



Volunteer Experience

Name of Organization _____

Address _____

City/State/Zip _____

Position Held _____ Supervisor _____

Dates of Service (From) _____ (To) _____

Volunteer Experience

Name of Organization _____

Address _____

City/State/Zip _____

Position Held _____ Supervisor _____

Dates of Service (From) _____ (To) _____

**PLEASE LIST TWO REFERENCES and
TWO LETTERS OF RECOMMENDATION:**

Name _____ Phone _____

Address _____

City/State/Zip _____

Relationship _____

Name _____ Phone _____

Address _____

City/State/Zip _____

Relationship _____



Please tell us why you chose THA Concierge Care to be a volunteer :

Seven horizontal lines for writing the reason for volunteering.

Have you ever been convicted of a crime other than a minor traffic violation?
Yes ____ No ____
If yes, please explain:

Disclaimer and Agreement (Please read carefully before signing)

I affirm that the information provided in this application is correct and complete to the best of my knowledge. I understand that volunteer applicants will undergo a criminal background check. I consent to take the pre-volunteer physical health screening and any such future screening(s) as may be required by THA.

I agree to follow company policies and procedures for volunteers as outlined in the Policies and Procedure Manual. I understand that Workers Compensation does not cover volunteers and that I am responsible for maintaining my health insurance. I voluntarily offer my services with a clear understanding there will be no monetary compensation, and that volunteering does not lead to employment.

I understand and agree that submitting this application form does not automatically register me as as THA Concierge Care volunteer and that there may be specific qualifications I must meet including the acceptance of established volunteer policies and procedures before I may begin volunteering.

I agree to volunteer no less than 2 hours at a time for a minimum commitment of at least 20 hours over one-year time period. Note that staff will verify all hours once the volunteer has completed all required responsibilities.

Signature _____ Date _____

Please note an interview does not guarantee acceptance into the program

THA Concierge Care
opportunities@thagroup.org
Attn: Volunteer Services

(912) 438.4530 Fax (912) 324.4115