



My name is Sharon Baugus. I am a Hospice Volunteer Coordinator with 3HC. Let us pause there for a moment. I just said the word "Hospice" ... does that worry you? Let us start with; what is Hospice? Hospice care ***focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of their life.*** Hospice is not supposed to be a scary word, but because of its association with death, people often misunderstand how beneficial and valuable a hospice organization is. With our focus set on the comfort of the patient and providing a support network for the family, it truly is a blessing!

With that being said... My job is to recruit volunteers in the following areas: Carteret, Craven, Onslow and part of Jones counties. Our volunteers have a variety of options in offering their time to us; they provide assistance to the staff of Crystal Coast Hospice House, in the form of clerical duties, they visit patients in the Hospice House, and pick up and deliver food from the hospital. We, also, have Hospice patients that have chosen to stay in their home. For these patients, we can provide companionship and respite for the care giver. As a volunteer, you will NEVER clean patient, move a patient, or feed a patient. You will be present for companionship ONLY.

What does it take to become a Hospice Volunteer? You must have a kind and caring heart and a desire to give back. (I will let you in on a little secret. You will get more than you give. Being a volunteer is extremely rewarding.) Volunteers will be onboarded just as a regular employee would be. This process consists of:

- Complete and return application with a copy of driver's license and copy of COVID Vax card
- Online training
- a background and reference check
- drug screening
- a PPD test (TB screening)
- We ask for a commitment of 2 hours a week for a year

Attached is an application. Please fill it out and return it to me if you are serious about volunteering with 3HC. Once I receive your **application**, copies of your **Driver's License** and **COVID card**, I will send you a link to begin the online training. At this point, you will be on your way to join a team of the BEST Volunteers out there. Thank you for offering to share your time and compassion for such a wonderful cause.



Office: CCHH, Pollocksville

Phone: 252-514-5867

**Mail Completed Application to:**

3HC Home, Health, and Hospice

ATTN: Sharon Baugus, Hospice Volunteer Coordinator

100 Big Rock Weigh

Newport, NC 28570

**OR** email to: sbaugus2@3hc.org

The following information will help us to better understand your skills and interests and will assist us in making volunteer assignments.

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
(first) (middle) (last)

Driver's License # \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(include State issued) (all nine digits are needed)

Present Address \_\_\_\_\_  
(Street, City, State, Zip)

Telephone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you resided in NC for **5 consecutive years**? \_\_\_\_\_

If not, Previous Address \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ If so, which Branch? \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Working Hours \_\_\_\_\_ Type of work \_\_\_\_\_

Will you volunteer at **LEAST** two hours per week? Yes/No; If No, explain \_\_\_\_\_

How did you hear about Hospice? \_\_\_\_\_

Why do you wish to be involved with Hospice? \_\_\_\_\_

Have you done volunteer work, if so, specify \_\_\_\_\_

Have you had experience with terminally ill, if yes, specify \_\_\_\_\_

Has someone close to you died recently, if so specify \_\_\_\_\_

Do you speak a foreign language, if yes, specify \_\_\_\_\_?

Do you have health related issues, if yes, specify \_\_\_\_\_?

**Please check areas of interest:**

Patient/ Family Services:

- ☐ Companionship for patients
- ☐ Relieve Primary Caregiver for Respite
- ☐ Write Letters
- ☐ Running Errands for patient/family
- ☐ Bereavement

Other Interests:

- ☐ Hospice Office Work
- ☐ Making weekly phone calls
- ☐ Writing Cards
- ☐ Light yard work (in-home patients, only)
- ☐ WINGS Summer Camp for grieving children

Please list other areas of interest in which you are skilled or would like to volunteer

\_\_\_\_\_

Have you ever been convicted of a crime or felony, if yes explain \_\_\_\_\_

\_\_\_\_\_

List **two** personal references: (do not include relatives; we prefer pastors, former employers, friends)

|    | Name  | Phone # | Relationship |
|----|-------|---------|--------------|
| 1. | _____ | _____   | _____        |
| 2. | _____ | _____   | _____        |

Emergency Contact \_\_\_\_\_ Ph# \_\_\_\_\_ Relation \_\_\_\_\_

**Certification**

(Please read before signing)

*I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, the investigation of any criminal records, and release all parties from all liability for any damage that may result from furnishing same to you.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Vaccination against COVID-19 is mandatory at our organization unless you are approved for an accommodation due to a religious objection or ADA covered medical condition. The organization will also review medical recommendations for a delay in vaccination or for other contraindications to vaccination**



### Notice Regarding Background Investigation

Please read Carefully Before Signing Acknowledgement In conjunction with your application for employment, the company may obtain information about you from ADP Screening Services. Thus, you may be subject to "consumer reports" and "investigative reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as neighbors, friends, or associates. Reports may also contain public records (including criminal records), eviction records, driving history information, consumer credit, employment and education verification, etc. These reports may be obtained at any time after receipt of your authorization and throughout the term of any employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative report.

#### **Applicant / Employee:**

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

Signature: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Home Health and Hospice Care, Inc.**

2402 Wayne Memorial Drive, Goldsboro, NC 27534

(800) 260-4442 • (919) 735-1387 • Fax (919) 735-8460 • Referrals: (800) 692-4442 • [www.3hc.org](http://www.3hc.org) • [info@3hc.org](mailto:info@3hc.org)

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### Acknowledgement and Authorization

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT AND REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and investigative reports" at any time after receipt of this authorization and, if I am contacted for employment, throughout the term of my contract. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the company. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy of this authorization shall be valid as the original.

☐ I agree to receive all communications regarding any consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via email at your designated email address.

☐ Oklahoma, Maine, Minnesota and California applicants may obtain this consumer report by checking this line.

☐ California applicants only: For consumer reports, which were not obtained by a consumer reporting agency, by checking this line you waive the right to obtain a copy of this report. If unchecked, you will receive this report within seven (7) days of the employer receiving it.

#### Applicant:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Address \_\_\_\_\_

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