



A Charitable Organization Assisting Hospice Patients

Volunteer Application

Reports To:

Director of Hospice of the Highland Rim Foundation, Inc.

Qualifications:

- a. Understand and acceptance of HHRF's mission statement
- b. Copy of current valid driver's license to be maintained in volunteer personnel file
- c. Proof of current automobile liability insurance coverage
- d. Signed patient confidentiality form

Position Applied For:

- a. _____ **Greeter** for events hosted by Hospice of the Highland Rim Foundation, Inc.
- b. _____ **Ticket Sales** for events hosted by Hospice of the Highland Rim Foundation, Inc.
- c. _____ Attend **Community Events** in your area to bring help awareness
- d. _____ Attend **Chamber Meetings** in your area to represent HHRF
- e. _____ **Office Assistance** for donations and acknowledgements
- f. _____ **Computer Information Technology** (Computer IT)

Duties and Responsibilities:

1. All duties and responsibilities require professionalism, sound judgment, and effective communications skills.
2. Adhere to the rules of confidentiality concerning assistance provided by Hospice of the Highland Rim Foundation, Inc.
3. Maintains respects for Hospice Highland Rim Foundation, Inc. and all hospice organizations. Remain nondiscriminatory regarding age, race, religion, sex, national origin, physical or mental disability, and other personal matters.
4. Function as a team member by attending volunteer team meetings when necessary.

CONTACT INFORMATION

Pat Howard, Director

Hospice of the Highland Rim Foundation, Inc.

101 Bragg Circle ~ Tullahoma, TN 37388

V 931.563.7439 f 931.563.7482

Website: www.hospiceofthehighlandrim.org

E-Mail: HHR_FOUNDATION@hospicehrfoundation.org

Selection Process and Approval:

1. *Recommended by Director of Hospice of the Highland Rim Foundation, Inc and Board of Directors*
2. *Approval by Director of Hospice of the Highland Rim Foundation, Inc. and Board of Directors.*

First Name

Last Name

Street Address

Apt/Suite

City

State

Zip

Contact Information

E-mail: _____

Cell Phone: _____ **Home Phone:** _____

What is your interest as a volunteer with Hospice of the Highland Rim Foundation, Inc.?

*Thank you for your interest in volunteering with Hospice of the Highland Rim Foundation, Inc.
(Mail your application to HHRF ~ 101 Bragg Circle~ Tullahoma, TN 37388)*