



1618 Ashland Street, Ashland, OR 97520
(541) 488-7805 – thehub@sofriendssofhospice.org

Dear Prospective Volunteer,

Thank you for your interest in joining The Hospice Unique Boutique's (The HUB) team of volunteers. It's a fun place to volunteer and takes many volunteers doing a variety of jobs to successfully run The HUB, but it's important to understand our mission and reach our goals.

What is The HUB?

The HUB is an upscale resale boutique in Ashland, Oregon that relies on donations of new and gently used items as a way to raise money for Southern Oregon Friends of Hospice and Celia's House. Proceeds from The HUB help fund hospice education and end of life services through supporting Celia's House.

What is Celia's House?

Celia's House is a 12-bed residential hospice care facility in Medford, Oregon. Offering access to compassionate and individualized end-of-life care, Celia's House offers a welcome option for hospice care when dying at home is not possible or desired. No one is turned away due to an inability to pay or lack of resources as long as there is a room is available.

What is Southern Oregon Friends of Hospice?

Southern Oregon Friends of Hospice is a nonprofit 501(c)(3) organization with a mission to raise awareness and ensuring that dying individuals and their families are cared for with kindness and exceptional care, focusing on what matters for each individual at end of life, and to promote broader knowledge on the benefits of end-of-life palliative and hospice care throughout our community.

Each HUB volunteer must:

- Complete a background check
- Complete the organization wide Cultural Training
- Tour Celia's House
- Participate in and complete job training for their position

Please fill out the following application and return it to The HUB. A Volunteer Coordinator will contact you for an interview.

VOLUNTEER APPLICATION

DATE: _____

DATE OF BIRTH: _____

FULL NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

MAILING ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACTS AND INFORMATION

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

ALLERGIES, HEALTH OR PHYSICAL LIMITATIONS: _____

REFERENCES

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

HAVE YOU EVER VOLUNTEERED BEFORE? yes no

IF SO, WHERE, WHEN AND WHAT DID YOU DO? _____

LIST THE HOURS YOU ARE AVAILABLE:

The HUB is open six days a week 10:30 – 5:00. Warehouse and Event hours may differ.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

SELECT THE POSITION(S) YOU'D LIKE VOLUNTEER FOR:

- | | |
|--|--|
| <input type="checkbox"/> Cashier (applicants must have experience with a tablet) | <input type="checkbox"/> Events |
| <input type="checkbox"/> Backroom – Clothing and Accessories | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Backroom – Hardgoods and Linens | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Merchandising & Reset | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Warehouse Work | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Furniture Pick Up & Delivery | <input type="checkbox"/> Art Curation |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Online Sales |
| <input type="checkbox"/> Decorating – Holiday | <input type="checkbox"/> Accepting Donations |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Other: _____ |

WHAT IS YOUR PROFESSIONAL BACKGROUND? _____

WHAT ARE YOUR SUPER POWERS, AND WHAT SKILLS WOULD YOU BRING TO YOUR CHOSEN POSITION? _____

WHAT DO YOU SEE MIGHT BE YOUR GREATEST CHALLENGE VOLUNTEERING AT THE HUB? _____

PLEASE WRITE A BRIEF PERSONAL STATEMENT ABOUT YOURSELF, YOUR INTERESTS, HISTORY, HOBBIES AND WHY YOU WANT TO VOLUNTEER: _____

I understand the Hospice Unique Boutique (The HUB) is part of Southern Oregon Friends of Hospice a nonprofit 501(c)(3), and I give my permission for my references to be contacted and a background check to be conducted on me.

Signature: _____ Date: _____

Office Use:

Date Received _____ Interview Date _____ References Contacted _____
Background Check _____ Start Date _____ End Date _____
Notes _____

THE HUB

VOLUNTEER CODE OF CONDUCT

Volunteers are an important asset to Southern Oregon Friends of Hospice and The HUB and make it possible for us thrive. As a volunteer, you represent SOFH and The HUB. As such, it is important that you adhere to the following Volunteer Code of Conduct.

I, _____, as a volunteer with The HUB agree to:

- Conduct myself in a professional manner; maintaining high standards of integrity and honesty.
- Treat all members of the public, employees and other volunteers with respect and courtesy, making high quality customer service a priority.
- Work cooperatively as a team member with employees and other volunteers.
- Fulfill the role as outlined in the volunteer role description.
- Perform my volunteer role to the best of my ability in a safe, efficient and competent way.
- Direct any questions regarding policies, procedures and support, along with any issues or grievances to a member of the management team.
- Keep confidential matters confidential.
- Not to bring Southern Oregon Friends of Hospice, Celia's House or The HUB into disrepute (including through the use of email, social media and other internet sites, engaging with the media, etc.)

I understand that I may be released from my volunteer duties and position with The HUB for not adhering to the above Code of Conduct.

Printed Name

Signature

Date

VOLUNTEER CONFLICT OF INTEREST AGREEMENT

I hereby acknowledge that my personal interests may conflict directly or indirectly with the interests of The HUB. Therefore, I agree that I will not purchase any items from The HUB to sell or distribute for personal profit or gain.

Name (Printed): _____

Signature: _____

Date: _____

VOLUNTEER MEDIA RELEASE AGREEMENT

I hereby give Southern Oregon Friends of Hospice (SOFH) and the Hospice Unique Boutique (The HUB) consent to the use images, photographs, recordings and/or videos of me in all forms of their media, which may include printed and promotional materials, newsletters, public webpages and social media sites.

Name (Printed): _____

Signature: _____

Date: _____