



VOLUNTEER APPLICATION

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, gender, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but receipt does not imply you will be accepted. Volunteer consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL DATA

Name: _____ Date: _____

(Last) (First) (Middle)

Address: _____ Telephone: _____

(Street) (City) (State) (Zip)

Are you 18 years of age or older? Yes No Date of Birth: _____ Race: _____

Current Employer: _____ Dates of Employment: _____

Business Address: _____ Telephone: Business _____

Other names used in prior employment: _____

GENERAL

Applying for position as: Volunteer Date available to start: _____

What time(s) during the week do you wish to volunteer? _____

Volunteer Services Preferred: Hospice Home Patient Care Hospice Nursing Home Clerical
Patient Care Hospice Bereavement Hospital Visits Other _____

Do you have access to a car? _____ If yes, do you carry personal liability insurance? _____

Company's Name & Policy Number: _____

Emergency Contact: _____ Phone Number: _____

How were you referred to our company?
Employee Advertisement School Drop-in Agency Other

Name of referral source indicated above: _____

Have you ever pleaded guilty to, or been convicted of a criminal offence? Yes No

If yes, give dates and circumstances: _____

CONVICTIONS: A Conviction does not automatically mean you will be unable to volunteer. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are all important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

GENERAL

Are you currently, or have you ever been, suspended, debarred or otherwise excluded from participation in any federal or state health care program? Yes No Have you ever been involuntarily discharge from a position? Yes No

If yes, give dates and circumstances: _____

PREVIOUS VOLUNTEER EXPERIENCE

Name of Organization _____ Type of work _____

Other Experience, Skills or Interests? _____

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Other Experience, Skills or Interests? _____

EDUCATION	Print Name, City, and State for Each School Listed	Type of Course/Major	Graduate?	Degree Received
High School	_____			

College	_____			

College	_____			

Trade, Bus., Night or Correspondence	_____			

Other	_____			

HEALTH

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company? Yes No

VOLUNTEER VOLUNTARY SKILLS FORM

The Hospice Volunteer program often receives requests for volunteers with specific skills or abilities to speak a particular language or perform a specific job trade, for example. If there is a need for volunteer recruitment in a particular area, this form is designed to provide the information Hospice needs to carry out the work it does. **Providing any or all of the information listed below is strictly voluntary, and all information is confidential.**

Organizations You Belong To

B'nai B'rith
 Eastern Star
 Exchange Club
 Junior League
 Knights of Columbus
 Lions Club
 Order of Masons
 Retired Firepersons
 Retired Policepersons
 Rotary
 Veteran
 Other (explain) _____

Your Skills

Carpentry
 Electrical
 Plumbing
 Gardening
 Painting
 Sewing
 Calligraphy
 Pet Care
 Hair Care
 Nail Care
 House Cleaner
 Other (explain) _____

Your Profession

Attorney
 Educator
 Administrator
 Researcher
 Engineer
 Physician
 Clergy
 Child Care Worker
 Musician
 Artist
 Librarian
 Fireperson
 Policeperson
 Architect
 LPN
 RN
 HHA, Certified
 Social Worker
 Public Relations
 Grant Writer
 Insurance
 Sales
 Finance
 Secretarial/Clerical
 Other (explain) _____

Office Skills

Clerical
 Typing
 Word Processing
 Data Entry
 Reception
 Bulk Mailing
 Questionnaires
 Record Keeping
 Insurance
 Taxes
 Medicare/Medicaid
 Switchboard
 Other (explain) _____

E-mail address; if you check it at least weekly: _____

Business or Personal References (can be personal: must be able to reach at least 2 people)				
Name	Personal or Business Name and Address	Phone Number	Occupation	How Long Known
List below the names of relatives employed by this company and their relationship to you:				

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends and neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of acceptance as a volunteer, or dismissal without advance notice.

In the event I am accepted, I understand that all volunteers are subject to termination at the discretion of the company. If, in the event I choose to voluntarily stop volunteering, I am free to do so at any time

In the event of my acceptance as a volunteer, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees and volunteers. I also agree to respect the client's confidentiality. I will attend orientation and training, and I understand that I will begin service on a reciprocal trial basis.

I understand that completion of this form does not guarantee me status as an applicant unless I meet all stated minimum qualifications required for a volunteer.

I have read the above statements and accept them as conditions to volunteering with the company.

Signature of Applicant

Date

**Lowndes County Sheriff's Office
Criminal History Search
Consent Form**

I hereby authorize _____ Bethany Hospice _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address City State Zip Code

Sex Race Date of Birth Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

Notary Public, _____ County, GA

My Commission Expires _____.

Signature