

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? _____

Name of Organization _____ Type of work _____

Other Experience, Skills or Interests? _____

Name of Organization _____ Type of work _____

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 ☐