



**VOLUNTEER APPLICATION
For Hospice of Texarkana**

NAME: _____

Maiden Name: _____

Address: _____ Phone: _____

City: _____ ST _____ Zip: _____

Email Address: _____ SSN: _____

Occupation: _____

Are you at least 18 years old? Yes No

Please list any previous volunteer experience: _____

What days and times are you available? _____

In case of Emergency, please contact: _____ Ph: _____

References: give three names of persons not related to you whom you have known for at least one year. If applying to be a spiritual volunteer/chaplain, list your pastor as one reference.

Name: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Hospice of Texarkana, Inc. gives qualified volunteer's consideration without regard to race, color, marital status, religion, sex, age, gender preference, disability, national origin or veteran's status.

Drug Screening/Criminal History report: I know this facility is required to conduct a Criminal History Report (CHR) in each state that the agency serves. Also, I agree to take a drug screening test at a local clinic. I know that Hospice of Texarkana will pay for the CHR and drug screening test. Also I will take a TB test annually as defined by agency policy. I certify that all information supplied in this application, and other paperwork submitted, is true and correct. I understand that furnishing any false or misleading information will result in my rejection or termination as a volunteer.

I understand if I have face-to-face patient/client contact, that the agency will perform a criminal history check per State Regulations as well as a check of the Nurse Aide Registry and Employee Misconduct Registry. I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DADS-regulated facilities and agencies; 2) the State of Texas maintains a registry of all nurse aides who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) All DADS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry before hire to determine if I am listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and am, therefore, unemployable.

Signature: _____ Date: _____