



Volunteer Application

It is this agency's policy to provide equal volunteer opportunities without regard to age, race, color, religion, military status, gender preference, genetic information, sex, marital status, national origin, or disability.

Applicant Name: _____ Email Address: _____

Present Address

City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____

Social Security Number: _____

Are you at least 18 years old? Yes No

Position Applying For: _____

Shift: Day _____ Night _____
 Evening _____ W/E _____

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years?

Yes No

If yes, give date, place, and nature of each such conviction: _____

Are you presently charged with any violation of the law other than traffic violation?

Yes No

If yes, give date, place, and nature of each such conviction: _____

List any memberships in professional organizations, honors, or activities which you feel would enhance your application, excluding those that would indicate age, race, color, religion, military status, gender preference, genetic information, sex, marital status, national origin, or disability. _____

List languages spoken other than English: _____

List other skills applicable to the position you are applying, including computer experience, typing speed, interests, hobbies, etc. _____

In case of emergency notify: _____ Relationship: _____

Out of state contact, if possible: _____ Relationship: _____

Name: _____



Personal References: (Name, Phone, Relationship)

Please review and sign

In making application for volunteer participation with Hospice of Texarkana:

- Drug Screening/Criminal History Report: I know this facility is required to conduct a Criminal History Report (CHR) in each state 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 direct patient contact or contact with patient records, that the agency will perform a criminal history check per Federal Regulation, as well as check the Nurse Aide Registry and Employee Misconduct Registry for unlicensed employees. I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure the unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied volunteer employment in Texas Health and Human Services (HHS) – 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 HHS 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 HHS-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**.

Release

I hereby authorize any references to provide such information concerning my encounters with them as may be requested.

Application Signature: _____ Date: _____

FOR OFFICE USE ONLY	<input type="checkbox"/> References Checked	<input type="checkbox"/> Interview	Position: Start Date:
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Pre-Employment Interview: