



## Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you at least 18 years of age?  No  Yes

Please list hours of availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Education - Highest grade completed: \_\_\_\_\_

Degrees/Licenses: \_\_\_\_\_

Are you currently a student?  No  Yes Field of Study: \_\_\_\_\_

Where? \_\_\_\_\_

Are you currently employed?  No  Yes Occupation: \_\_\_\_\_

Please describe past or current employment experience:

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Please describe past or current volunteer experience:

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Other special training or experience, including military experience: \_\_\_\_\_

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Other skills, hobbies, or special interests:

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Do you have reliable transportation?  No  Yes

If you will be driving to the patient's home, we will require a copy of your driver's license and proof of auto insurance. Will you be able to provide both?  No  Yes

Have you experienced a loss or the death of someone close to you?  No  Yes

If yes, please describe and include date of loss/death:

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Have you ever been convicted of a crime?  No  Yes

If yes, please provide a brief explanation:

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Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Are you related to anyone in our employment?  No  Yes

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer at Harmony Hospice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## REFERENCES

References: We require two references (NOT RELATIVES). Please provide their information so we may contact them to attest to your suitability to be a Harmony Hospice Volunteer.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

I understand that volunteer placement within Harmony Hospice takes into consideration both the immediate needs of the department and the interest, skills and availability of the applicant.

I understand that, by submitting this application, I authorize inquiries to be made concerning my employment and volunteer experience, character and public records for the purpose of determining my suitability as a volunteer.

I hereby certify that statements made on this application are true and correct to the best of my knowledge.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of Harmony Hospice.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Consent Form for a Criminal Background Check

I understand that Harmony Hospice will conduct a criminal history background check as part of the procedure for processing my employment application.

I understand that Harmony Hospice will conduct an investigation that verifies my social security number and includes obtaining information regarding my past employment and criminal background. I understand the criminal history background check will search my counties of residence for criminal records.

I also understand that before I am denied employment based on information obtained from this report, I will receive a copy of the report and a written description of my rights under the Fair Credit Reporting Act.

I understand that if I disagree with the accuracy of any of the information in the report, I must notify Harmony Hospice representatives within three [3] business days of the receipt of the report. If I notify Harmony Hospice within this time, I will have a reasonable opportunity to address the information contained in the criminal history background check report.

I understand that the information contained in the criminal history background check will be available to those persons involved in making employment decisions or performing the background investigation, and this information will be used for the purpose of making employment decisions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE THIS SECTION:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_