

Hospice Southeastern Connecticut

227 Dunham Street
Norwich, CT 06360
(860) 848-5699
Fax: (860) 886-0467

APPLICATION FOR VOLUNTEERING

It is unlawful to make employment decisions based on factors of race, color, religion, national origin, ancestry, age, past or present disability, physical or mental handicap, sex, marital status, civil union status, veteran status, sexual orientation or any other characteristic protected by applicable federal or state law. As an equal opportunity employer, Hospice Southeastern Connecticut will make a good faith effort to recruit and select candidates for volunteer positions solely on the basis of volunteer requirements. Hospice Southeastern Connecticut does encourage individuals to wait one year after the death of a loved one before doing any direct patient care or community relations. This, however, may be waived on a case by case basis.

_____	_____	_____
Date	Telephone	Cell Phone

Name: Last	First	Middle

Present Address	Street	

City	State	Zip Code

Email address		

MILITARY HISTORY

Are you a veteran of the Armed Forces Services? ____ Yes ____ No
If yes, which branch of the military? _____

EDUCATION

Name and Address of School	Major/Degree Received
_____	_____
_____	_____
_____	_____

Hospice Southeastern Connecticut

VOLUNTEER HISTORY

Name of Agency or Institution

Dates

Description of Work

TRANSPORTATION INFORMATION

Do you own a car? _____ (Please provide copy of auto insurance card)

BACKGROUND INFORMATION

If offered a volunteer position with Hospice Southeastern Connecticut, Inc., your volunteer status may be contingent upon the results of a background review, the extent of which will depend upon the nature of the volunteer position.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Conviction of a felony does not necessarily disqualify a volunteer applicant) _____ Yes _____ No

IF YES, WHAT WAS THE NATURE OF THE FELONY FOR WHICH YOU WERE CONVICTED?

NOTICE: YOU ARE NOT REQUIRED TO DISCLOSE THE EXISTENCE OF ANY ARREST, CRIMINAL CHARGE OR CONVICTION, THE RECORDS OF WHICH HAVE BEEN ERASED PURSUANT TO CONNECTICUT GENERAL STATUTES §46B-146, 54-760 OR 54-142A, WHICH PERTAIN TO A FINDING OF DELINQUENCY OR THAT A CHILD WAS A MEMBER OF A FAMILY WITH SERVICE NEEDS, AN ADJUDICATION AS A YOUTHFUL OFFENDER, A CRIMINAL CHARGE THAT HAS BEEN DISMISSED OR NOLLED, A CRIMINAL CHARGE FOR WHICH A PERSON HAS NOT BEEN FOUND GUILTY OR A CONVICTION FOR WHICH THE PERSON RECEIVED AN ABSOLUTE PARDON. ANY PERSON WHOSE CRIMINAL RECORDS HAVE BEEN ERASED PURSUANT TO §46B-146, 54-760 OR 54-142A, SHALL BE DEEMED TO HAVE NEVER BEEN ARRESTED WITHIN THE MEANING OF THE GENERAL STATUTES WITH RESPECT TO THE PROCEEDINGS ERASED AND MAY SO SWEAR UNDER OATH.

IF YOU RESPONDED AFFIRMATIVELY TO THE QUESTION ABOVE, ATTACH A SIGNED AND DATED STATEMENT, INCLUDING THE DATE(S) OF CONVICTION(S), THE CHARGE(S), THE CIRCUMSTANCE(S) SURROUNDING THE CONVICTION(S), ETC.

Hospice Southeastern Connecticut

Have you ever been convicted in any state or federal court of a crime involving violence or dishonesty? _____Yes _____No

If yes, please explain: _____

Have you ever been subject to disciplinary action by any licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction? _____Yes _____No

If yes, please explain: _____

PLEASE READ CAREFULLY AND SIGN

I understand and agree that nothing contained in this application or my participation in the volunteer training process shall be deemed to create a volunteer contract between Hospice Southeastern Connecticut and myself. I also understand that no promises concerning volunteer certification with Hospice Southeastern Connecticut are binding upon Hospice Southeastern Connecticut unless made to me in writing and signed by an authorized representative.

If I am accepted into the volunteer program, I understand and agree that my volunteer status with the agency is entered into voluntarily and that I may withdraw at any time. Similarly, my volunteer status may be terminated for any reason and at any time without previous notice.

I certify that all statements made by me on this application are true and complete to the best of my knowledge, and that no attempt has been made by me to conceal pertinent information. I understand that any misrepresentation or omission of facts is sufficient grounds for not considering me for volunteer status, withdrawal of any offer of a volunteer position, or immediate discharge.

With my signature, I release and hold harmless anyone who discloses any information including company owners and/or any of their directors, officers, employees or agents including Hospice Southeastern Connecticut from claims arising from or connected with disclosures as authorized by this release.

Signature of Applicant

Date

Printed Name

Application Reviewed by: _____

Date: _____

PLEASE READ CAREFULLY

VOLUNTEER APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

In consideration for volunteer status within Hospice Southeastern Connecticut or affiliates, on our behalf, Employers Reference Source may make inquiries, including but not limited to, education, professional licensing, criminal history, driving history, your personal character, abilities, residency, immigration status, experience and other qualities pertinent to your qualifications for volunteering, including reasons for termination from your past employment.

In compliance with the Americans With Disabilities Act, only after a contingent offer of employment is offered, will your workers' compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned to a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from Employers Reference Source and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the form which follows, authorizing, without reservation, any party, including but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Employers Reference Source to furnish any or all of the above listed information. Your authorization releases Employers Reference Source from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Employers Reference Source the above mentioned information as requested, in order to successfully complete a background investigation.

For your records, a copy of this completed notice that a consumer report may be obtained for volunteer purposes will be provided. Please retain it for your records.

Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

Print Full Name: _____

Have you used any other name? Y N If yes, what name did you use? _____

Address: _____

Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ State Issued: _____

Please provide the date for any motor vehicle convictions _____

High School: _____ Year of Graduation: _____

College: _____ Year of Graduation: _____

Applicant Signature: _____ Date: _____

*Date of birth is being requested only for purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.