



HOSPICE SOUTHEASTERN CONNECTICUT

227 Dunham Street
Norwich, CT 06360
(860)848-5699
Fax: (860)848-6898

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 Number

NAME

Last, First, Middle

CONTACT INFORMATION

Street

City State Zip Code

Mobile Phone Fax

Email Address

**Which of the following information can we include in a Volunteer Directory that will be shared only among volunteers and staff?*

Name: ___ Yes ___ No

Address: ___ Yes ___ No

Home Phone: ___ Yes ___ No

Mobile Phone: ___ Yes ___ No

Email Address: ___ Yes ___ No

EDUCATION

Name and Address of School

Major/Degree Received

VOLUNTEER HISTORY

Name of Agency or Institution

Dates

Description of Duties

TRANSPORTATION INFORMATION

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

BACKGROUND INFORMATION

If offered a volunteer position with Hospice Southeastern Connecticut, Inc., your employment 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?

HAVE YOU EVER BEEN CONVICTED IN ANY STATE OR FEDERAL COURT OF A CRIME INVOLVING VIOLENCE OR DISHONESTY? YES NO

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

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 ANY OF THE QUESTIONS 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.

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.

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

PLEASE READ CAREFULLY

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

In consideration for employment or promotion within Hospice Southeastern Connecticut or affiliates, on our behalf, Employers Reference Source may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, 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 employment 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? _____

Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ State Issued: _____

Please provide the date for any motorvehicle 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.