

Heritage Hospice, Inc.

VOLUNTEER APPLICATION

Please check the position you are interested in:

- Hospice Bereavement Office Other
 Special Events/Fundraising Community Outreach _____

Name _____

Address _____

City _____ State _____ Zip _____ County _____

Home Telephone _____ Cell/Other _____

Date of Birth _____ Social Security _____

In case of emergency please notify _____

Relationship _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Current Employment Information

Employer _____

Address _____ City _____ State _____ Zip _____

Business Telephone _____ Position _____

Hours worked _____ May we call your employer? Yes No

Education

Highest Grade Level _____ Attended Where _____

Degrees/Certificates obtained _____

Availability -- State days and times

Do you have (please check

- Own reliable transportation Auto insurance Valid Drivers License

Special Skills and/or Interests, Hobbies (please list)

Heritage Hospice, Inc.

Health Questionnaire

Have you had any serious illness in the last years? If so please describe

Do you have any physical limitations that would be a hindrance to your volunteer role? If so please describe

Getting to know you

Why do you want to volunteer with Heritage Hospice, Inc.

What do you feel is the volunteer's role in hospice and what is its importance?

How did you hear about Heritage Hospice, Inc. (Please be specific)

As part of our volunteering criteria, you will need a tuberculosis test.
Would this be ok with you? Yes No

I hereby certify that the above information is true and correct to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to volunteer. I authorize Heritage Hospice, Inc. any inquiries regarding these facts.

I also agree to submit to any examinations which may include chest x-ray, appropriate laboratory tests, and/or immunizations that may be necessary as part of my volunteer service. I authorize my physician to furnish information regarding my current health.

Signature _____ Date _____



BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize ___ Heritage Hospice ___ or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

Full Name: _____ SSN: _____ - _____ - _____

Other Names or SSN Used: _____

Current Street Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Driver's License#: _____ State: _____ *DOB: ____/____/____

**DOB and SSN is only used for identification purposes in screening inquiries*

Best Telephone Contact #*: (____) _____ Email Address*: _____@_____

**These will only be used by SingleSource if further information is required to complete your report*

LIST ALL ADDRESSES FOR PAST 7 YEARS: (check here if more on reverse or resume attached)

Street Address _____ City _____ State _____ Zip _____ DATES: _____ - _____ to _____

Street Address _____ City _____ State _____ Zip _____ DATES: _____ - _____ to _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse. Convictions are considered based upon the type of offense, the date, whether the circumstances are relevant to the job you seek.

Signature: _____ DATE: ____/____/____

If you are a resident of California, Minnesota, New York, Oklahoma or Washington, you may request a copy of any "consumer report" obtained by us by indicating below:

YES - please provide report copy in accordance with applicable law- _____ (please initial)

For Heritage Hospice. Office Use ONLY

Please log in to www.singlesourceservices.com to enter subject for screening(s).

SingleSource Services 1-800-713-3412

Client Reference: _____

Date Requested: _____



HERITAGE HOSPICE

A Commitment to Comfort...

Volunteer Reference

Name of Reference: _____

Address: _____ City/State _____ Zip: _____

Phone: _____ E-mail: _____

Applicant: _____

The above applicant has applied for a volunteer position with Heritage Hospice, Inc. We appreciate your cooperation in checking the appropriate spaces below as they pertain to this applicant. Complete long hand (not typed) with comments and mail or fax to address and number below.

Please return this form as soon as possible as the applicants' file is incomplete without verified references.

Relationship to applicant: _____

Number of years you have known applicant: _____

Check how you would rate the applicant in regards to the following qualities:

	Outstanding	Average	Fair	Poor
Attendance				
Dependability				
Follows instructions				
Keeps commitments				
Confidentiality				
Maturity				
Shows initiative				
Honesty				
Demonstrates good judgment				

Comments: (Please address above checks) _____

Signature _____

Date: _____

ATTN: Debra R. Lieb, Volunteer Coordinator
3315 Hilltop Drive
Marietta, GA 30066

Debralieb@heritage-hospice.com
770-423-5959 OFFICE
770-423-5944 FAX



HERITAGE HOSPICE

A Commitment to Comfort...

Volunteer Reference

Name of Reference: _____

Address: _____ City/State _____ Zip: _____

Phone: _____ E-mail: _____

Applicant: _____

The above applicant has applied for a volunteer position with Heritage Hospice, Inc. We appreciate your cooperation in checking the appropriate spaces below as they pertain to this applicant. Complete long hand (not typed) with comments and mail or fax to address and number below.

Please return this form as soon as possible as the applicants' file is incomplete without verified references.

Relationship to applicant: _____

Number of years you have known applicant: _____

Check how you would rate the applicant in regards to the following qualities:

	Outstanding	Average	Fair	Poor
Attendance				
Dependability				
Follows instructions				
Keeps commitments				
Confidentiality				
Maturity				
Shows initiative				
Honesty				
Demonstrates good judgment				

Comments: (Please address above checks) _____

Signature _____

Date: _____

ATTN: Debra R. Lieb, Volunteer Coordinator
3315 Hilltop Drive
Marietta, GA 30066

Debralieb@heritage-hospice.com
770-423-5959 OFFICE
770-423-5944 FAX