



VOLUNTEER APPLICATION

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for volunteering. This agency fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this agency to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, age, gender, sexual orientation, veteran status or disability, communicable disease, or place of national origin as required by Title VI of the Civil Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. This agency intends to fully comply with all federal and state laws, and all the information requested on this application will not be used for any purpose prohibited by law.

GENERAL INFO

| | | | | | | | |
|------------------------|--|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|
| Today's Date | | Position Applying For | VOLUNTEER | | | | |
| Date You Can Start | | Found out about us by | | | | | |
| Availability to Work | <input type="checkbox"/> 10+ Hours Per Week <input type="checkbox"/> 5 - 10 Hours Per Week <input type="checkbox"/> Less than 5 Hours Per Week | | | | | | |
| Days Available to Work | <input type="checkbox"/> SUN | <input type="checkbox"/> MON | <input type="checkbox"/> TUES | <input type="checkbox"/> WED | <input type="checkbox"/> THURS | <input type="checkbox"/> FRI | <input type="checkbox"/> SAT |
| Hours Available | | | | | | | |

APPLICANT INFORMATION

| | | | |
|---|---|---|--|
| Last Name | First Name | Middle Name | |
| Street Address | | City | State Zip |
| Postal Address (if different from street addr.) | Home Phone | Mobile Phone | |
| E-mail Address | Social Security | | |
| Date of Birth (mm/dd/yyyy) | Gender | Any other names you have used or worked under | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Have you served in any of the United States military services? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you been convicted of a crime or are there any criminal charges pending against you? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, describe including dates | | | |

You are not required to answer yes or furnish information about convictions for speeding or minor traffic violations. A criminal record does not constitute an automatic bar from volunteering. The record will be considered only as it relates to the job in question.

SPECIAL SKILLS

| | |
|---|---|
| List any language/s, besides English, you | <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write |
| List any special skills and/or qualifications | |

REFERENCES

List three (3) references who are not related to you.

| Name | Relation | Contact Number | Years Known |
|------|----------|----------------|-------------|
| | | | |
| | | | |
| | | | |

DISCLOSURE STATEMENT

I, _____, applicant for volunteer with BEAR VALLEY HOSPICE LLC, do hereby grant BEAR VALLEY HOSPICE LLC permission to contact those individuals I have listed as references for the purpose of verification of employment and performance evaluations.

I hereby grant BEAR VALLEY HOSPICE LLC permission to thoroughly:

- Investigate any and all records pertaining to my professional references.
- Conduct a criminal background check or a limited background check.
- Conduct an investigation concerning my driver’s license and social security.

I understand that employment is contingent upon information received during this process.

I attest to the fact that any and all information supplied above is accurate and true to the best of my knowledge. I understand that falsifying information is grounds for disqualification of employment consideration or immediate dismissal from employment.

Due to the nature of this business, staffing needs of BEAR VALLEY HOSPICE LLC vary, as do the duties of the position for which you have applied. It may be necessary for BEAR VALLEY HOSPICE LLC to change the shifts, hours, and/or duties of the position for which you have applied in order to meet BEAR VALLEY HOSPICE LLC needs.

Applicant Name/Signature

Date of Application

***** APPLICANT TO RECEIVE A COPY OF THIS PAGE *****

Received By (Name/Title/Signature)

Date Received