

## West Georgia Hospice Volunteer Application

Thank you for your interest in becoming a Hospice Volunteer. Volunteer assistance is vital to the success of West Georgia Hospice. You will be joining a group of volunteers who give compassionately and graciously in whatever capacity they serve – with patients, families, or assisting in our office or community. Thank you for partnering with us!

Please complete the following application and return it to:

Tammy Forbus  
West Georgia Hospice  
1510 Vernon Road • LaGrange, GA 30240  
706.845.3962 • forbus@wghealth.org

Name \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

### REFERENCES

List two personal references (excluding relatives). Please include a complete address, phone number and relationship with each reference.

#### REFERENCE 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_



## REFERENCE 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_

## EDUCATION

Education Level

High School

College

Graduate School

Specialized Training or Skills:

Licenses or certifications you have obtained (include license number if applicable):

Please list any professional or community organizations you are a member of or organizations where you may volunteer:



## AREAS OF INTEREST

Mark your areas of interest in **PATIENT/FAMILY CARE** (no hands-on care; volunteers provide visits, support, encouragement):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Home                 | <input type="checkbox"/> Nursing Home    | <input type="checkbox"/> Hospice LaGrange                      |
| <input type="checkbox"/> Pet Therapy          | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Transportation/Errands                |
| <input type="checkbox"/> Music                | <input type="checkbox"/> Art             | <input type="checkbox"/> Recording Life Stories                |
| <input type="checkbox"/> Devotions at bedside |  | <input type="checkbox"/> Kitchen Volunteer in Hospice LaGrange |

Mark your areas of interest in **BEREAVEMENT CARE:**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Caller      | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Memorial Gathering           |
| <input type="checkbox"/> Home Visits | <input type="checkbox"/> Support Group   | <input type="checkbox"/> Camp Dogwood Children's Camp |

Mark your areas of interest in **NON-PATIENT SERVICES:**

- |   |   |   |                                  |
|---|---|---|----------------------------------|
| <input type="checkbox"/> Hospitality/Celebrations | <input type="checkbox"/> Receptionist/Greeter | <input type="checkbox"/> Clerical                 | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> Fundraising              | <input type="checkbox"/> Cooking/Baking       | <input type="checkbox"/> Sewing/Crocheting/Crafts |                                  |

Please list any other areas of interest not listed above:

## MULTILINGUAL

Do you know a language other than English?

- Yes                       No

Language is \_\_\_\_\_

I can             Speak             Read             Write

Language is \_\_\_\_\_

I can             Speak             Read             Write



# VOLUNTEER INFORMATION

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How did you hear about West Georgia Hospice?

Why do you want to volunteer with West Georgia Hospice?

What are the days/hours you are available to volunteer?

List any talents or skills you possess that you would be willing to share with West Georgia Hospice?

Are you a Veteran?  Yes  No

Have you ever been convicted of a crime?  
If yes, please explain.  Yes  No

## **BEREAVEMENT EXPERIENCE**

Have you experienced any deaths in your family or of those close to you? Please specify your relationship to the person and when they died.

Have you ever been with someone at the time of death?  Yes  No

Have you ever provided care to anyone who was dying?  Yes  No

## **EMERGENCY CONTACT**

Emergency Contact Name \_\_\_\_\_

Emergency Contact Relationship \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

## **PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to validate all information given. I understand and consent to an inquiry that may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of acceptance as a volunteer, or dismissal without advance notice. In the event I am accepted, I understand that all volunteers are subject to termination at the discretion of the company. If, in the event I choose to voluntarily stop volunteering, I am free to do so at any time.

In the event of my acceptance as a volunteer, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees and volunteers. I also agree to respect the client's confidentiality. I will attend orientation and training, and I understand that I will begin service on a reciprocal trial basis.

I understand that completion of this form does not guarantee me status as an applicant unless I meet all stated minimum qualifications required for a volunteer.

I have read the above statements and accept them as conditions to volunteering with the company.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



## BACKGROUND CHECK DISCLOSURE

In the interest of maintaining the safety and security of our customers, employees, and property, West Georgia Hospice (the "Company") will order a "consumer report" (a background check) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background checks on you for employment purposes. The Company may order an "investigative consumer report." An "investigative consumer report" is a background check that includes information from personal interviews (except in California, where that term includes background checks with and without personal interviews). The most common form of investigative consumer report is an investigation into your employment history.

The background check company, Private Eyes, Inc., will prepare the background report for the Company. Private Eyes, Inc. is located at 190 North Wiget Lane, Suite 220, Walnut Creek, CA 94598, and can be reached toll free at 877-292-3331. The privacy policies for Private Eyes, Inc. may be found at its website at [www.privateeyesinc.com](http://www.privateeyesinc.com).

The background check may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, credit worthiness, credit capacity and credit standing. The types of information that may be ordered include, but are not limited to: criminal, public, educational, military and motor vehicle records checks; verification with the Department of Transportation; verification of prior employment and income; reference, licensing, and certification checks; credit reports; and Social Security number verification. Information may be obtained from private and public record sources (including individuals, corporations, partnerships, law enforcement agencies, institutions, schools, credit bureaus, state licensing agencies and past and present employers), and for investigative consumer reports, from personal interviews with your associates, friends and neighbors. Such inquiries may request information regarding instances of harassment, violence, theft or fraud. You have the right to request more information about the nature and scope of an investigative consumer report, if any, by contacting Private Eyes, Inc. at 190 W Wiget Lane, Suite 220, Walnut Creek, CA 94598.

### STATE SPECIFIC NOTICES

If you live or work for the Company in any of the states listed below, please note the following:

**CONNECTICUT:** The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

**CALIFORNIA:** You have a right to view the file that Private Eyes, Inc. has with your information, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You also may ask for a file-summary by telephone. Private Eyes, Inc. can answer questions about information in your file including any coded information. If you come to their offices in person, another person can join you, so long as that person can show proper identification. The Company will only obtain and use information about your credit history information only as allowed by applicable state law. You may request more information by contacting the Company.

**MAINE:** If you contact the Company, you have the right to know within 5 business days whether the Company ordered an investigative consumer report about you, and if so, also to the address and telephone number of the nearest office for Private Eyes, Inc. You have the right to ask Private Eyes, Inc. for a copy of any such report and to promptly receive the copy from Private Eyes, Inc.

**MARYLAND:** The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

**MASSACHUSETTS:** If you contact the Company, you have the right to know whether the Company ordered an investigative consumer report about you. You also have the right to ask Private Eyes, Inc. for a copy of any such report.

**MINNESOTA:** You have the right in most circumstances to submit a written request to Private Eyes, Inc. for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. Private Eyes, Inc. must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

**NEW JERSEY:** You have the right to submit a request to Private Eyes, Inc. for a copy of any investigative consumer report the Company ordered about you.

**NEW YORK:** If you contact the Company, you have the right to know whether the Company ordered a consumer report or investigative consumer report about you. Shown above is the address and telephone number for Private Eyes, Inc. You have the right to contact Private Eyes, Inc. to inspect or receive a copy of any such report. A copy of Article 23-A of the Correction Law is provided below.

**OREGON:** The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

**WASHINGTON STATE:** If you submit a written request to the Company, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Company ordered about you. You are entitled to this disclosure within 5 days after the date your request is received or we ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act. The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

### **BACKGROUND CHECK AUTHORIZATION**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background check, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background checks, including investigative consumer reports, during my employment without asking me for my authorization again, as allowed by law.

I also authorize all of the following to disclose to Private Eyes, Inc. and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; the Department of Transportation, the military and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to Private Eyes, Inc. and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses, and may include inquiries regarding workers' compensation, harassment, violence, theft or fraud.

I agree that, as allowed by law, the Company may rely on this authorization to order background checks from companies other than Private Eyes, Inc. without asking me for my authorization again. I also agree that a copy of this form is valid like the signed original.

I promise that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Names \_\_\_\_\_ Years Used \_\_\_\_\_

Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Other Driver's Licenses Held in Past 5 Years (include states) \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY:** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Residential Addresses Within Seven Years (use a separate sheet as needed)

Prior Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Prior Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Signature _____	Date: ____/____/____ (Month/Day/Year)
<b>If you live or work for the Company in California, Minnesota or Oklahoma:</b> Check this box if you would like a free copy of your background check report: <input type="checkbox"/>	

Client Account Number: 927204 West Georgia Hospice \_\_\_\_\_