

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 • tammy.forbus@wellstar.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

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 _____



WellStar West Georgia Hospice # 14050
VOLUNTEER INFORMATION

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Email address: _____ (Provide if you prefer to receive information via email)

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

You MUST read this section carefully before answering the question below.

- Do not report a record of any arrest, detention, diversion, supervision, adjudication or court disposition that was subject to the process and jurisdiction of a juvenile court.
- Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, dismissed, dismissed under a first offender's law, pardoned by the Governor or which state law allows you to lawfully deny as set forth below.
- You MUST review the [state law information](#) before answering.
- You are not required to disclose violations, infractions, petty misdemeanors (MN) or summary offenses (PA).
- By selecting either "Yes" or "No" below, you are stating that you have read the applicable state notices provided above and that you provide a true and accurate statement below.
- A conviction will not necessarily be a bar to employment. This information will only be used for job-related purposes consistent with applicable law and in determining whether the conviction is related to the job for which you are applying.
- If you answer "Yes" below, provide city, county, and state where offense occurred, conviction date and nature of the offense, along with sentencing information.

QUESTION: Have you ever been convicted of, plead guilty, no contest, or nolo contendere to a misdemeanor or felony? Yes No (Please attach a separate sheet of paper to provide additional entries.)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. **City:** _____ **State:** _____ **Zip Code:** _____ **Date From:** _____

Date To: _____

2. **City:** _____ **State:** _____ **Zip Code:** _____ **Date From:** _____

Date To: _____

3. **City:** _____ **State:** _____ **Zip Code:** _____ **Date From:** _____

Date To: _____

4. **City:** _____ **State:** _____ **Zip Code:** _____ **Date From:** _____

Date To: _____

STATE LAW NOTICES

California applicants or employees only: Please mark this field _____ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California applicants or employees only: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.

Colorado applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Connecticut applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Maryland applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Massachusetts applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432.

Minnesota applicants or employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; [1-888-773-2432. Place an X here _____ for a disclosure to be sent to you. Place an X here _____ for a free copy of your consumer report to be sent to you.

Montana applicants or employees only: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative consumer report.

New Jersey applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com.

New York applicants or employees only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting that agency. Please mark this field to receive a copy of Article 23-A that will be presented once you complete this process: _____.

Oklahoma applicants or employees only: Mark an X here _____ you would like to receive a free copy of your report.

Oregon applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. Any requests under this paragraph to the CRA should be made to PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Vermont applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: _____ **Date** _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

WellStar West Georgia Hospice # 14050
VOLUNTEER AUTHORIZATION

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ **Date** _____

First Name: _____ **Middle Name:** _____

Last Name: _____

DOB _____ **Last four digits of SSN** _____

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778

WellStar West Georgia Hospice # 14050
VOLUNTEER DISCLOSURE

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; [1-888-773-2432] www.precheck.com or another outside organization. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778

State Law Information

* **California employees/residents:** You need not disclose any referral to, and participation in, any pre-trial or post-trial diversion program, or any misdemeanor convictions for which probation has been judicially dismissed pursuant to Penal Code Section 1203.4. Do not list any marijuana-related misdemeanor convictions or non-felony convictions for possession of marijuana over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.

* **Connecticut employees/residents:** You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining 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 was dismissed or nolle, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

* **Hawaii employees/residents:** You may exclude convictions that occurred over 10 years ago.

* **Madison, WI employees/residents:** You may exclude offenses that are more than three years from the date of (i) the placement on probation; (ii) parole; (iii) release from incarceration; (iv) or payment of a fine.

* **Massachusetts employees/residents:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions.

You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended three (3) or more years ago whichever date is later, unless you have been convicted of another offense within the last three (3) years.

* **Philadelphia, PA employees/residents:** You may exclude convictions that occurred more than 7 years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the 7 year period.

* **San Francisco, CA employees/residents:** You may exclude convictions that occurred over 7 years ago. You also may exclude convictions that arise out of conduct that has been decriminalized since the date of the Conviction, measured from the date of sentencing.

* **Seattle, WA employees/residents:** In addition to the above, you may exclude a criminal conviction that has been the subject of a certificate of rehabilitation or other equivalent procedure based on a finding of the rehabilitation.

* **Washington State employees/residents:** You may exclude convictions that occurred over ten years ago.

* **Georgia:** Applicants may exclude convictions discharged under Georgia's First Offender Programs.

* **Nevada:** Applicants are not required to disclose misdemeanor convictions which resulted in imprisonment older than 10 years.

* **New York:** Applicants for job positions may exclude an adjudication as a youthful offender.

* **Ohio:** Applicants with a conviction for a minor misdemeanor violation involving marijuana does not constitute a criminal record and does not need to be reported by the person so convicted in responding to the questions on this application.