

Hospice Volunteer Application

Name: _____ Are you a veteran? YES NO

Address: _____

Primary Phone & Email: _____

Occupation & Work Schedule: _____

Available Frequency: WEEKLY BIWEEKLY MONTHLY Available Start Date: _____

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number: _____

What is your principal motivation for volunteering with Ohio Living *Bethany* Hospice?

Have you experienced the death of someone close to you and if so, how did it affect your life? How do you think that experience will help you in your role as a hospice volunteer?

What other skills/qualification/experience do you have that you believe will be helpful in this role?

What tasks are you interested in doing as a hospice volunteer?

- Companionship: visit one-on-one with hospice patients in facilities to provide a friendly presence
- Respite care: provide one-on-one presence with home patients to provide caregiver relief
- Household chores: provide simple household services of your choosing to home patients
- Emotional/spiritual support: offer support/prayer regarding religious/spiritual/emotional topics
- Bereavement support: provide phone or in-person visits with family members
- Administrative support: conduct customer service calls, help with office tasks
- Pet therapy: bring a calm, well-behaved pet to visit patients (must have current vaccinations)
- Massage therapy or cosmetology services (must be licensed)
- Music or art therapy
- Other:



RELEASE AUTHORIZATION

DISCLOSURE TO APPLICANTS AND EMPLOYEES AS REQUIRED BY THE FAIR CREDIT REPORTING ACT (FCRA)

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. §§ 1681 – 1681u, Ohio Living is disclosing that Ohio Living may obtain a consumer report (including, but not limited to, a credit report) as part of Ohio Living's procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of your employment for employment purposes and in conjunction with either your application for employment and/or decisions concerning your employment status with Ohio Living.

In considering you for employment, promotion, discipline, retention, assignment or reassignment with Ohio Living, we may request and rely upon, initial and periodic consumer reports obtained from a consumer reporting agency that contains information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. You will be notified if an adverse employment decision is made, based wholly or partially on the information contained in your consumer report. We may obtain your consumer reports only if you give us your written authorization to obtain it. If you wish to authorize us to obtain your consumer reports, you may indicate consent by signing the Authorization to Obtain Consumer Reports below.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I have read the disclosure (above), and understand that Ohio Living may rely upon initial and periodic consumer reports in considering me for employment, promotion, discipline, retention, assignment or reassignment.

I hereby authorize Ohio Living to obtain a consumer report (including, but not limited to, a credit report) concerning me. It is my understanding that Ohio Living will use this consumer report for employment purposes and in conjunction with either my application for employment and/or decisions concerning my employment status with Ohio Living, including hiring, promotion, transfer or retention, now or in the future.

I hereby authorize and request that any employer, school, police department, financial institution, or other person or entity having information or knowledge about me, furnish the bearer of this authorization, in original or copy form, with all non-medical information they have regarding me.

I agree to release and discharge Ohio Living, its employees, officers, agents, trustees, affiliates and shareholders, from any and all claims, rights of action or liability of, any kind or nature that could result from Ohio Living use or reliance upon the information contained in the consumer report.

YOUR SIGNATURE INDICATES YOUR RECEIPT OF THIS DISCLOSURE AND AUTHORIZATION. BY SIGNING BELOW, YOU AGREE YOU HAVE READ IT AND ACKNOWLEDGE THAT YOU HAVE AUTHORIZED THE PROCUREMENT OF THE CONSUMER REPORT DISCUSSED ABOVE.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Social Security #	Date of Birth
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Driver's License #	Issuing State
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PREVIOUS NAME(S)

First Name	Middle Initial	Last Name

ADDRESS HISTORY

Have you lived in Ohio consistently for the last 5 years?

1) Present Street Address

City	State	Zip
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From	To
------	----

2) Street Address		
City	State	Zip
From	To	
3) Street Address		
City	State	Zip
From	To	
4) Street Address		
City	State	Zip
From	To	
5) Street Address		
City	State	Zip
From	To	

CRIMINAL OFFENSES UNDER

SENATE BILL 160 & OHIO DEPARTMENT OF AGING ADMINISTRATIVE CODE 179-9-03 - 179-9-09

Conviction for any offenses listed in Ohio or any federal or states laws with substantially equivalent offenses, disqualifies a candidate permanently or for a prescribed period of time from employment in a nursing home, adult day care program, or home health/hospice agency.

APPLICANT NAME _____ **DATE** _____

Have you ever been convicted of or plead guilty to any of the following offenses at any time (based on date of conviction)?	
2903.01	aggravated murder
2903.02	murder
2903.03	voluntary manslaughter
2903.04	involuntary manslaughter
2903.11	felonious assault
2903.12	aggravated assault
2903.13	assault
2903.15	permitting child abuse
2903.16	failing to provide for a functionally impaired person
2903.21	aggravated menacing
2903.34	patient abuse or neglect
2903.341	patient endangerment
2905.01	kidnapping
2905.02	abduction
2905.11	extortion
2905.12	coercion
2905.32	human trafficking
2905.33	unlawful conduct with respect to documents
2907.02	rape
2907.03	sexual battery
2907.04	unlawful sexual conduct with a minor, formerly corruption of a minor
2907.05	gross sexual imposition
2907.06	sexual imposition
2907.07	importuning
2907.08	voyeurism
2907.09	public indecency
2907.12	felonious sexual penetration
2907.25	prostitution
2907.31	disseminating matter harmful to juveniles
2907.32	pandering obscenity
2907.321	pandering obscenity involving a minor
2907.322	pandering sexually oriented matter involving a minor
2907.323	illegal use of a minor in nudity-oriented material or performance
2909.22	soliciting or providing support for an act of terrorism
2909.23	making terroristic threats
2909.24	terrorism
2911.01	aggravated robbery
2911.02	robbery
2911.11	aggravated burglary
2911.12	burglary
2911.13	breaking and entering
2913.02	theft
2913.03	unauthorized use of a vehicle
2913.04	unauthorized use of a computer, cable or telecommunication property
2913.11	passing bad checks
2913.21	misuse of credit cards
2913.31	forgery, forging identification cards
2913.4	medicaid fraud
2913.43	securing writings by deceptions
2913.47	insurance fraud
2913.51	receiving stolen property
2919.25	domestic violence
2921.36	illegal conveyance of weapons or prohibited items onto grounds of detention facility or institution
2923.12	carrying concealed weapons
2923.13	having weapons while under disability
2923.161	improperly discharging a firearm at or into a habitation or school
2925.02	corrupting another with drugs
2925.03	trafficking in drugs
2925.11	possession of drugs
2925.13	permitting drug abuse
2925.22	deception to obtain a dangerous drug
2925.23	illegal processing of drug documents
3716.11	placing harmful/hazardous objects in food or confection
2923.01 (conspiracy), 2923.02 (attempt), 2923.03 (complicity)	- If related to any offense listed above, candidate/employee is ineligible for consideration.

Yes
 No

CRIMINAL OFFENSES UNDER

SENATE BILL 160 & OHIO DEPARTMENT OF AGING ADMINISTRATIVE CODE 179-9-03 - 179-9-09

Conviction for any offenses listed in Ohio or any federal or states laws with substantially equivalent offenses, disqualifies a candidate permanently or for a prescribed period of time from employment in a nursing home, adult day care program, or home health/hospice agency.

Have you ever been convicted of or plead guilty to any of the following offenses at any time (based on date of conviction)?	
2903.041 reckless homicide 2905.04 Child stealing as it existed before 7/1/96 2905.05 child enticement 2907.21 compelling prostitution 2907.22 promoting prostitution 2907.23 enticement or solicitation to patronize a prostitution, procurement of a prostitute for another 2909.02 aggravated arson 2909.03 arson 2913.46 illegal use of SNAP or WIC program benefits 2913.48 workers' compensation fraud 2913.49 identity fraud 2917.02 aggravated riot 2923.122 illegal conveyance or possession of deadly weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone 2923.123 illegal conveyance, possession, or control of deadly weapon or ordnance into a courthouse 2923.162 discharge of firearm on or near prohibited premises 2923.21 improperly furnishing firearms to a minor 2923.32 engaging in a pattern of corrupt activity 2923.42 participating in a criminal gang 2925.04 illegal manufacture of drugs or cultivation of marijuana 2925.041 illegal assembly or possession of chemicals for the manufacture of drugs 2923.01 (conspiracy), 2923.02 (attempt), 2923.03 (complicity) - If related to any offense listed above, the exclusionary period applies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
959.13 cruelty to animals 959.131 prohibitions concerning companion animals 2903.211 menacing by stalking 2909.04 disrupting public services 2917.01 inciting to violence 2917.03 riot 2917.31 inducing panic 2919.22 endangering children 2921.03 intimidation 2921.11 perjury 2921.13 falsification, falsification in a theft offense, falsification to purchase a firearm, or falsification to obtain a concealed handgun license 2921.34 escape 2921.35 aiding escape or resistance to lawful authority 2925.05 funding drug trafficking 2925.06 illegal administration or distribution of anabolic steroids 2925.24 tampering with drugs 2927.12 ethnic intimidation 2923.01 (conspiracy), 2923.02 (attempt), 2923.03 (complicity) - If related to any offense listed above, the exclusionary period applies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2903.22 menacing 2907.24 soliciting, engaging in solicitation after a positive HIV test 2907.33 deception to obtain matter harmful to juveniles 2913.05 telecommunications fraud 2913.32 criminal simulation 2913.41 defrauding a rental agency or hostelry 2913.42 tampering with records 2913.44 personating an officer 2913.441 unlawful display of law enforcement emblem 2913.45 defrauding creditors 2919.12 unlawful abortion 2919.123 unlawful distribution of an abortion-inducing drug 2919.23 interference with custody 2919.24 contributing to the unruliness or delinquency of a child 2921.12 tampering with evidence 2921.21 compounding a crime 2921.24 disclosure of confidential information 2921.32 obstructing justice 2921.321 assaulting or harassing a police dog, horse, or service animal 2921.51 impersonation of a peace officer 2925.09 illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug 2925.36 illegal dispensing of drug samples 2925.55 unlawful purchase of a pseudoephedrine product, underage purchase of a pseudoephedrine product, improper purchase of a pseudoephedrine product 2925.56 unlawfully selling a pseudoephedrine product, unlawfully selling a pseudoephedrine product to a minor, improper sale of a pseudoephedrine product 2929.121 unlawful abortion upon a minor 2923.01 (conspiracy), 2923.02 (attempt), 2923.03 (complicity) - If related to any offense listed above, the exclusionary period applies.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Reference Checks

References must be anyone who is not in your family and can speak on your personal characteristics.

REFERENCE #1

Reference Name & Relationship to You: _____

Reference Phone Number and/or Email: _____

Years Known: _____

REFERENCE #2

Reference Name & Relationship to You: _____

Reference Phone Number and/or Email: _____

Years Known: _____

Applicant Signature _____ Date _____

ATTENTION: DO NOT COMPLETE BELOW THIS LINE. VOLUNTEER COORDINATOR WILL COMPLETE.

CHARACTER VERIFICATIONS

REFERENCE #1 Outreach Date: _____ Response Date: _____

Personality	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Dependability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Ability to get along with others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Integrity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Professionalism	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

Comments: _____

REFERENCE #2 Outreach Date: _____ Response Date: _____

Personality	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Dependability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Ability to get along with others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Integrity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Professionalism	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

Comments: _____