

Hospice Volunteer Application

Name _____

Address _____

Telephone: Work _____ Home _____ Mobile _____

E-mail Address _____

Occupation _____

Emergency Contact _____ Phone _____

Previous Volunteer Experience (Please indicate name of group, length of service and type of volunteer work done.)

Experience with Death and Hospice

Have you experienced the death of someone close to you? How did it affect your life?

What is your principal motivation for volunteering at Ohio Living Home Health & Hospice?

Availability

_____ Weekday mornings

_____ Weekend mornings

_____ Weekday afternoons

_____ Weekend afternoons

_____ Weekday evenings

_____ Weekend evenings

Volunteer Interests

_____ **Patient Care** - Opportunities include providing respite for the primary caregiver, companionship and emotional support for patients and families, meal preparation, and any light household tasks that may need to be completed.

_____ **Bereavement Support** - Providing phone or in-person supportive visits to family members

_____ **Errands** - Delivering supplies

_____ **Office** - Clerical opportunities include answering phones, filing, assembling information packets, assistance with mailings, and follow-up correspondence to families and caregivers.

Special Skills or Qualifications (Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities including hobbies and sports.)

Applicant Signature _____ Date _____

Thank you for your interest in volunteering for our Ohio Living Hospice program.



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
Driver's License #	Issuing State

PREVIOUS NAME(S)

First Name	Middle Initial	Last Name
First Name	Middle Initial	Last Name
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
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	



APPLICANT REFERENCE CHECK REQUEST & RELEASE FOR PERSONAL REFERENCE

TO: _____

Thank you for your attention in helping us serve our elderly population by providing information of work history for this potential new hire. Those we serve depend on us and we depend on you for this information.

This information will be kept confidential.

AUTHORIZATION/VERIFICATION

I authorize my past employers, all references, and any other persons to answer all questions concerning my education, abilities, and previous employment record. I hereby release you/your company of any liability on account of having furnished such information.

Applicant's Signature _____ Date _____

Applicant's Name _____

Applicant's Social Security # _____

*** ATTENTION APPLICANT: Do not complete below this line. ***

REFERENCE INFORMATION

Reference Name _____ Date _____

Reference Title _____ Relationship to applicant _____

CHARACTER VERIFICATION

- | | | | | |
|---|------------------------------------|-------------------------------|----------------------------------|-------------------------------|
| 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 |

Other remarks _____

Form completed by _____ Date _____

Title _____ Phone # _____



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Applicant's Signature _____ Date _____

Applicant's Name _____

Applicant's Social Security # _____

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| 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 |

Other remarks _____

Form completed by _____ Date _____

Title _____ Phone # _____

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)?

<p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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