



Amedia Hospice

Volunteer Application Packet

Please complete all applicable fields.

PAGE 1 – BASIC VOLUNTEER INFORMATION SHEET

PERSONAL CONTACT INFO

Full Name _____ Email Address _____

Home Address _____

City _____ State _____

Zip _____ Home Telephone # _____

Cell # _____ Birthdate _____

Social Security Number or State Identification Number _____

Marital Status _____

JOB INFORMATION

Title _____ Work Location _____

Work Phone _____ Start Date _____

Supervisor _____ Email Address _____

Cell Phone _____ Annual Salary or Pay Rate: \$ _____

EMERGENCY CONTACT INFO – CONTACT 1

Name _____ Relationship _____

Address _____

City, State, Zip _____ Employer _____

Home Telephone # _____ Cell # _____

Work Telephone # _____

EMERGENCY CONTACT INFO – CONTACT 2

Name _____ Relationship _____

Address _____

City, State, Zip _____ Employer _____

Home Telephone # _____ Cell # _____

Work Telephone # _____

MEDICAL CONTACT INFO

Doctor's Name or Clinic _____ Phone # _____

Employee Signature _____ Date _____

PAGE 2 – APPLICATION FOR VOLUNTEER

Applicant Name (last, first, middle) _____

Email Address _____ Current Address _____

City, State, Zip _____ Home Phone _____

Cell Phone _____ Position Applying For _____

Are you at least 18 years old? Yes No

VOLUNTEER Type Full time Part time Part-time per visit Pool

Shift Day Evening Night Weekends

If you are not a US citizen, do you have the legal right to remain permanently in the US? Yes No

Salary Requirements _____ Date Available _____

Do you have adequate means of transportation to get to work on time each day, and when called in on short notice during normal work hours? Yes No

EDUCATIONAL HISTORY

Type of School	Name and Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		From ____ To ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST PROFESSIONAL LICENSES YOU POSSESS

Type	License / certification / registration	Number	Issuing state

List memberships in professional organizations, honors, or activities

PAGE 3 – APPLICATION FOR VOLUNTEER

Name _____

List languages spoken other than English _____

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc.

WORK HISTORY ENTRY 1

Company Name _____ Phone Number _____

Complete Address including city, state, zip _____

Supervisor’s Name _____ Type of Business _____

Date Started _____ Date Left _____

Reason for Leaving _____

Work Type Full time Part time Per visit

Ok to Contact Supervisor Yes No

Describe your job title, responsibilities, and accomplishments

WORK HISTORY ENTRY 2

Company Name _____ Phone Number _____

Complete Address including city, state, zip _____

Supervisor’s Name _____ Type of Business _____

Date Started _____ Date Left _____

Reason for Leaving _____

Work Type Full time Part time Per visit

Ok to Contact Supervisor Yes No

Describe your job title, responsibilities, and accomplishments

PERSONAL REFERENCES

Name	Phone	Relationship

EMERGENCY CONTACT

Emergency Contact _____ Relationship _____

Phone _____ Address _____

OUT-OF-STATE CONTACT (IF POSSIBLE)

Out-of-State Contact _____ Relationship _____

Phone _____ Address _____

APPLICATION FOR VOLUNTEER / SIGNATURE

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Interview(s) _____ References Checked _____

Position _____ Salary _____

Start Date _____

PAGE 6 – STATEMENT OF VOLUNTEER

Last Name, First, Middle _____ Maiden/Alias (if applicable) _____

Applicant Signature _____ Date _____

FOR HOSPICE USE ONLY

Criminal history check completed online Other convictions identified on criminal history

NAR checked EMR checked online OIG LEIE checked GSA/SAM checked

Applicant employable Applicant NOT employable

Comments

Verified by _____ Date _____

PAGE 7 – DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION FORM

SECTION 1 – APPLICANT

Applicant Name (Print) _____ Applicant Signature _____
Date _____

SECTION 2 – AGENCY USE ONLY

Agency Name _____ Authorized User _____
Signature of Authorized User _____ Date of Name-Based CCH Search _____

SECTION 3 – AGENCY USE ONLY / CHRI NAME-BASED TRACKING INFORMATION

Purpose for CHRI Search Applicant Volunteer Contractor Other

Is any part of the Criminal History Record Information (CHRI) stored by agency? No, CHRI is not stored by agency Yes, CHRI is stored by agency

CHRI Retention Period Temporarily Only Annual None Stored/Saved Other

CHRI Storage Method Physical/Printed (paper copy) Digital/Electronic (saved anywhere on device/computer)

CHRI Retention Purpose – Explain

Date CHRI Destroyed _____ **Destruction Method – Explain** _____