# Hospice Brazos Valley

# VOLUNTEER APPLICATION

***Please complete as thoroughly as possible.***

Name: _____

Mailing Address: _____

City/St/Zip: _____

Phone (Home):_____ (Work):_____(Cell):_____

Email:_____

Date of Birth (month/day/year):_____ Highest level of education completed:_____

Social Security Number: (needed for background check) _____

Are you fluent in other languages? If so, which? _____

Do you read this language? ☐Yes ☐ No Do you write in this language? ☐Yes ☐No

Hobbies, interests, talents, skills _____

_____

Your employer (if any): _____

Military background: _____

Would you be willing to drive your car for hospice work? (Please circle) Yes No Uncertain

Distance willing to travel (round trip per visit): _____

At this time, when are you available to volunteer?

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Weekends

☐ Mornings ☐ Afternoons ☐ Evenings

Do you have health-related problems or physical limitations? _____

_____

***Please indicate areas of volunteer services in which you may be interested:***

☐ Patient/Family Visits ☐ Office Work ☐ Grief Support

☐ Posy Express Flower Arranging ☐ Posy Express Flower Delivery to Patients

☐ Public Relations ☐Fundraising Events

☐ Making Comfort Shawls/or Quilts for Patients

☐ Gardening/Yard Maintenance

Spiritual Affiliation:_____Local Fellowship: _____

Clubs and Organizations:_____

Past/Present Volunteer activities: _____

_____

How did you hear about the HBV volunteer program? ☐ Website ☐ Social Media ☐ Newspaper/Magazine ☐ Health Fair ☐ Friend ☐ Other_____

Why do you want to be a hospice volunteer? _____

_____

_____

What significant experiences have you had with a person living with a terminal illness?

_____

_____

_____

Has someone close to you died recently? If yes, please describe: _____

_____

_____

*HBV recommends that all volunteers wait 12 months after the death of a loved one to begin volunteering.*

***Please list two (2) personal references:***

1. Name _____ Relationship _____
   Address _____
   City/St/Zip _____Phone _____
2. Name _____ Relationship _____
   Address _____
   City/St/Zip _____Phone _____

***Person to be notified in case of an emergency:***

Name _____ Relationship _____
Address _____
City/St/Zip _____Phone _____

Signature _____ Date _____

Hospice Brazos Valley

HBV121415

# Hospice Brazos Valley
# Criminal Conviction History and Registry Checks

I, (applicant's printed name) _____, give my permission to check for a criminal conviction history, to check the required registries annually, and to check the state and federal lists of individuals and entities excluded from participation in a DADS-regulated facility (or any federal program) annually as part of my application for employment at Hospice Brazos Valley. I also understand that a criminal conviction listed under Section 250.006 of the Texas Health and Safety Code or a registry listing that prohibits a person from employment in a health care setting in the state of Texas will prohibit my employment. A criminal conviction of any kind will be reviewed by Hospice Brazos Valley to determine if the conviction may be a contraindication to employment.

_____ _____

Signature – Applicant Date

**Applicant Information required by the Texas Department of Public Safety (DPS)** (Applicant must print.)

| Individual's Name (Last, First, Middle) | Alias | Maiden Name |
|---|---|---|
| Date of Birth (mm/dd/yyyy) | Social Security No. | |

# DPS Computerized Criminal History (CCH) Verification
## (AGENCY COPY)

I, _____ , acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us */Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

_____
Signature of Applicant or Employee (optional)

_____
Date

Hospice Brazos Valley
Agency Name (Please print)

Amber Glueck
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

**Please:**
**Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed:_____ _____ initial

Destroyed Date: _____ _____ initial

**Retain in your files**

Rev. 09/2015