



Christian Care
Hospice

Dear Applicant,

Thank you for your interest in our volunteer program. Christian Care Hospice highly values our volunteers and the service they provide to our patients and their families. We are experts in the art of living. We empower our patients and their families to embrace life. We focus on the practical side of living with tools and support. Volunteers play a very important role in pursuit of our mission.

Volunteer applicants must provide the following documents to qualify as a Hospice Volunteer before orientation:

- A New Volunteer Application
- A signed authorization for a criminal history background check
- 2 reference requests (applicant release section only)
- Proof of valid government issued identification, such as your driver's license, state ID or passport (teen volunteers under 16 are exempt)
- Evidence of current automobile insurance (teen volunteers under 16 are exempt)

Upon acceptance, an interview will be scheduled where the following will be explained and completed.

- A completed TB test. The test can be administered by a Christian Care Hospice nurse and checked within 24 to 36 hours to be complete. Evidence of a TB test within 3 months prior to the volunteer application is acceptable. If you had a TB test or a chest x-ray in the last year, you can submit proof of the test to meet this requirement.
- Orientation Agreement.
- Submission to a drug test.
- Various policy and procedure forms and acknowledgements.

A new volunteer orientation is required for all volunteers. Once all forms are completed, you will be able to register for the new orientation.

You can fax, mail or email all documents to the Hospice Volunteer Program office located at 900 Wiggins Parkway, Mesquite, TX 75150. Call the Director of Volunteer Services at 972-686-3753 ext. 3065 if you have questions.

Thanks again for your interest in our Christian Care Hospice Volunteer Program.
We look forward to meeting and working with you.

Sincerely,

Kennetha Bosby
Director of Volunteer Services

Application For Employment

It is this agency's policy to provide equal employment opportunities without regard to age, race, color, religion, military status, gender preference, genetic information, sex, marital status, national origin, or disability.

Applicant Name: _____ Email Address: _____

Present Address
City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____

Social Security Number: _____ Are You at Least 18 Years Old? Yes No

Position Applying For: _____
 Full Time Part Time Per Visit Shift: Day Night
 Part Time Pool Evening W/E

Salary Requirements: _____ Date Available _____
 If you are not a US Citizen, have you the legal right to remain permanently in the US? Yes No

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

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years? Yes No If Yes, please give date, place and nature of each such conviction.

Are you presently charged with any violation of the law other than traffic violation? Yes No If Yes, give date, place and nature of each such conviction.

Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

List professional licenses you possess. Indicate type of license, number and state

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate age, race, color, religion, military status, gender preference, genetic information, sex, marital status, national origin, or disability.

List languages spoken other than English:

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

In case of an emergency notify _____ Relationship _____

Out of state contact, if possible _____ Relationship _____

NAME _____

Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient

Company Name	Complete Address incl City/State/Zip	Phone Number	Supervisor's Name
Date Started Date Left	Type of Business <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit Salary	Reason For Leaving	OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

Company Name	Complete Address incl City/State/Zip	Phone Number	Supervisor's Name
Date Started Date Left	Type of Business <input type="checkbox"/> Full Time <input type="checkbox"/> Per Visit <input type="checkbox"/> Part Time Salary	Reason For Leaving	OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

Company Name	Complete Address incl City/State/Zip	Phone Number	Supervisor's Name
Date Started Date Left	Type of Business <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit Salary	Reason For Leaving	OK to Contact Supervisor Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe your job title, responsibilities and accomplishments

NAME: _____

PERSONAL REFERENCES: (Name, Phone, Relationship) _____

Please review and sign

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the facility.
- I understand, if I am an unlicensed person who has face-to-face patient/client contact, that the agency will perform a criminal history check per State Regulations as well as a check of the Nurse Aide Registry and Employee Misconduct Registry. I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DADS-regulated facilities and agencies; 2) the State of Texas maintains a registry of all nurse aides who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) All DADS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry before hire to determine if I am listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and am, therefore, **unemployable**.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY	<input type="checkbox"/> References Checked	If Hired: Position: Salary: FT/PT/Per Visit	Start Date:
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Reference Request

Date: _____ Check method of gathering reference data: Verbal Mail

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as _____ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance _____
(Name of Company Representative)

Applicant Release

Applicant _____
Last First MI Maiden

Position Held _____

Social Security # _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature Date

1) Please confirm the applicant's employment. From _____ To _____
Date Date

2) Please comment on the applicant's attributes using the following scale:
4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable

Quality of Work _____

Knowledge & Skills _____

Reliability & Attendance _____

Cooperation _____

Competence _____

Supervisory ability & capacity _____

Grooming _____

3) Please indicate specialty areas in which the applicant has had experience: _____

4) Please indicate any special considerations necessary when giving assignments to this individual:

5) Is applicant eligible for rehire? Yes No If no, why not? _____

Please attach any additional comments.

Signature Position/Title Date

Reference Request

Date: _____ Check method of gathering reference data: Verbal Mail

Name of person giving reference: _____ Facility: _____

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Please attach any additional comments.

Signature Position/Title Date