



New Haven Hospice Care, Inc.

9503 Highway 100, Suite 101
New Haven, MO 63068
PH (573) 237-2878
Fax (573) 237-2874

Date: _____

Volunteer Application for Employment

Please print clearly

Last Name: _____ First: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Cell Phone: _____

Employment History/School:

Full time Part time Retired

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: _____

Are the hours you seeking as a volunteer needed to satisfy a "community service" requirement associated with a disciplinary action? Yes No

(Answering yes to the above does not constitute a bar to participate. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and the type of volunteer assignment will be taken into account.)

Highest Level of education completed: _____

Volunteer ability: Year round Seasonal Specific Months _____

Days available: (circle all that apply) M TU W TH F SAT SUN

Time of day available: AM PM Hours _____

Have you experienced the loss of a loved one in the past 12 months? Yes No

If yes, what was the relationship? _____

Do you know a foreign language? Yes No Language _____

Do you have sign language skills? Yes No

Have you done any volunteer work before? Yes No

Are you active in any other organizations? Yes No

Do you have any special skills? (Arts, crafts, cooking, baking, teaching, hairdressing, music, etc.)

Military Service? Yes No

Do you have transportation with current valid insurance? Yes No

Can you provide transportation to another volunteer? Yes No

Have you ever been a caregiver for someone who died? Yes No

How did you learn about this volunteer program? _____

Assignment Preferences:

Male / Female

Smoker / Non-Smoker

Pets / No Pets

Areas of Interest: (circle all that interest you)

Patient Support

Outreach

Clerical/Administrative

Bereavement

11th Hour

Other _____

Please tell us why you wish to become a hospice volunteer.

Please tell us what you feel hospice does for patients and families and how you feel about death/dying.

REFERENCES <i>Please list any professional references</i>	
Full Name:	Relationship:
Company/Address:	Phone ()
Full Name:	Relationship:
Company/Address:	Phone ()
Full Name:	Relationship:
Company/Address:	Phone ()

I certify that the information provided in this application are true and complete to the best of my knowledge and understand, that, if accepted for a volunteer position, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

New Haven Hospice Care conducts background checks on all prospective employees as a condition of employment. Background checks include but may not be limited to: employment history and references; professional certifications and educational requirements; criminal records maintained by the Missouri Criminal Records Repository (MCRR) and any other criminal records databases; the DHSS Employee Disqualification List. A criminal history does not automatically exclude you from employment consideration. By signing below, you authorize New Haven Hospice Care to investigate, obtain, and compile said information.

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that my result from furnishing the same to the Agency.

Signature

____/____/_____
Date of Application



**Missouri State Highway Patrol
Criminal Justice Information Services Division**

MOVECHS WAIVER AGREEMENT AND STATEMENT

Missouri Volunteer and Employee Criminal History Service (MOVECHS)
For criminal history record information pursuant to the *National Child Protection Act of 1993 (NCPA)*, as amended by the *Volunteers for Children Act (VCA)*,
And the *Adam Walsh Child Protection and Safety Act of 2006*

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize New Haven Hospice Care, Inc.
Name of Qualified Entity

to submit a set of my fingerprints to the Missouri State Highway Patrol (MSHP) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Missouri records pursuant to 43.540 RSMo from the MSHP, and any national criminal history record directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30–16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

Yes, I have (OR) No, I have not been convicted of or plead guilty to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (check one): Applicant Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____ SSN (last 4 digits - Optional) _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: New Haven Hospice Care, Inc.

Address: 9503 Hwy 100, Suite 101 New Haven, MO 63068

Telephone: (573) 237-2878

NOTE: This document must be retained by the agency/qualified entity for audit purposes.

APPLICANT REFERENCE CHECK (1)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: _____

_____ Fax: _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ To: _____

Position Held:

Would you rehire this individual? Yes _____ No _____

Responsibilities:

Reason for Leaving:

Rate of Pay: (weekly/biweekly/salary): _____ + _____

Additional comments (training/skills)

Reference check performed by _____

APPLICANT REFERENCE CHECK (2)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: _____

_____ Fax: _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ To: _____

Position Held:

Would you rehire this individual? Yes _____ No _____

Responsibilities:

Reason for Leaving:

Rate of Pay: (weekly/biweekly/salary): _____ + _____

Additional comments (training/skills)

Reference check performed by _____