



Mailing Address:

Autumn Care Hospice
 1111 S. 1st St., Apt. 101
 P.O. Box 101, TX 77001

VOLUNTEER APPLICATION
 Equal Opportunity, Reasonable Accommodation Employer

Name: _____ Social Security Number: _____ Date: _____

Address: _____ Home Telephone: _____ Cell Number: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Driver's License #: _____ Expiration Date: _____

Emergency Contact Name & Phone Number _____

EDUCATION RECORD (Optional, unless required for the position for which you are now applying.)

A copy of your high school diploma/GED certificate may be required at time of interview.

Did you graduate from high school or receive a GED certificate? yes no

SCHOOL NAME	LOCATION	HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
Business/Technical/Vocational				
1.				
2.				
Colleges/Universities				
1.				
2.				
Graduate Schools				
1.				

SPECIAL SKILLS/LANGUAGES (Optional, unless required for the position for which you are now applying.)

List any special skills you possess and/or equipment or office machines you can operate.

Languages (Other than English):

1. Speak Read Write

2. Speak Read Write

WHY DO YOU WANT TO BE A HOSPICE VOLUNTEER?

INTERESTS, HOBBIES & PREVIOUS VOLUNTEER EXPERIENCE? (Please list below)

EMPLOYMENT RECORD

Please list all employment or volunteer experience. Begin with your present or last position and work back. Provide sufficient, qualifying experience. Please explain all periods of unemployment exceeding 90 days. Additional Information Sheets are available if needed. **You may attach a resume reflecting your employment history in lieu of completing this portion of the application.**

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-time <input type="checkbox"/>	Position Title: _____
Employer: _____		Part-time <input type="checkbox"/>	
Address: _____			
City/State: _____			
Start Date _____	End Date _____	Months in this position: _____	Supervisor's Name: _____
Reason for Leaving: _____			Supervisor's Phone: _____

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-time <input type="checkbox"/>	Position Title: _____
Employer: _____		Part-time <input type="checkbox"/>	
Address: _____			
City/State: _____			
Start Date _____	End Date _____	Months in this position: _____	Supervisor's Name: _____
Reason for Leaving: _____			Supervisor's Phone: _____

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-time <input type="checkbox"/>	Position Title: _____
Employer: _____		Part-time <input type="checkbox"/>	
Address: _____			
City/State: _____			
Start Date _____	End Date _____	Months in this position: _____	Supervisor's Name: _____
Reason for Leaving: _____			Supervisor's Phone: _____

Are there any physical restrictions, health issues or other that we need to know about? (ex. Allergy to pet dander, cigarette smoke)

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Have you experienced the death of someone close to you within the last year? If yes, please provide the date and explanation of the loss.

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References

May we use your name when contacting these individuals? Yes No

Name	Current Employer	Current Title	Telephone Number

Background Information

When completing this section, do not disclose information regarding convictions that have been judicially sealed, expunged, eradicated, impounded or dismissed. Do not disclose information regarding juvenile court convictions or minor traffic violations. A conviction record does not automatically bar you from employment. All of the job-related circumstances surrounding convictions will be considered.

1. In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any felony?

Yes No

2. In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation for any misdemeanor?

Yes No

3. Do you currently have charges pending? Yes No

4. Are you currently on probation? Yes No

5. If you answered Yes to any of the questions above, please explain completely:

Signature of Applicant: _____

Date: _____



Autumn Care Hospice

Mailing Address:

Autumn Care Hospice
7058 Lakeview Haven Dr, S120
Houston, TX 77095
(281) 530-7829
FAX (281) 598-2897

APPLICANT INFORMATION

EEO Data

Are you a current Autumn Care Hospice Employee? Yes No

Have you ever applied for a job with Autumn Care Hospice? Yes No

The following information is requested for record keeping purposes. The information will not be used for making employment decisions and will be separated from your application.

PERSONAL DATA

Job Title	Social Security No.	Last Name	First Name	Middle Initial
Address	City	State	Zip Code	Phone Number
E-mail Address:				Cell Phone
Sex <input type="checkbox"/> M – Male <input type="checkbox"/> F - Female	Date of Birth	Ethnic Origin <input type="checkbox"/> 1-White <input type="checkbox"/> 2- Black <input type="checkbox"/> 3 – Hispanic <input type="checkbox"/> 4 – Asian/Islander <input type="checkbox"/> 5-Other		
How did you find out about this position?				

Agreement

General Information

I understand that I may be offered a volunteer position with WKRP Houston, LLC d/b/a Autumn Care Hospice. ("Autumn Care" or "Company") subject to my availability for work, Hospice Center's ability to find suitable positions for me, and the results of reference checking or other screening procedures. My volunteer position will begin on the first day of my first position.

The term of volunteerism with Autumn Care Hospice is not guaranteed. Autumn Care Hospice or I may end the volunteerism relationship at any time, with or without cause, subject to applicable laws. No contractual relationship exists between Autumn Care Hospice and the volunteer and at no time shall the volunteer receive compensation.

Autumn Care Hospice will provide me with the details of any position I accept. If Autumn Care Hospice significantly changes the responsibilities of my position, the Company will promptly notify me.

Release for Reference Checks

I authorize Autumn Care Hospice to contact my previous employers for work-related references.

Release for Background Screening

I authorize Autumn Care Hospice to verify any information that I provide in connection with my employment. I Autumn Care Hospice, its customers, its authorized representatives, and the consumer reporting agency from all liability resulting from the use of background information about me for employment purposes.

Release of Personal Information

I authorize Autumn Care Hospice to collect, use, store, transfer, and purge the personal information that I have provided for employment-related purposes. Autumn Care Hospice's privacy statement is available to me upon request.

Training

As a benefit to me, Autumn Care Hospice may offer me the opportunity to enhance my skills through training programs. These programs do not constitute an offer, promise, or guarantee of future positions. Training is strictly voluntary, and I may not be paid for time spent in training.

Non-Disclosure/Assignment of Intellectual Property Rights Agreement

Without Autumn Care Hospice's prior written approval, I will not publish, use, copy, retain possession of, or disclose any proprietary or confidential information of any Autumn Care Hospice customer. Upon completion of the position. Upon completion of employment, I will return to Autumn Care Hospice, all documents, papers, and other records that may embody confidential customer or Company information.

In addition, I understand that the ownership of any work I create while in the position will belong to Autumn Care Hospice or its customer, and I will assign any intellectual property rights that arise from my work according Autumn Care Hospice's request. Thus, my work while in this position will be considered "work made for hire".

Communication and Information Systems User Agreement

I understand that communication and information systems belonging to Autumn Care Hospice and/ Autumn Care Hospice's customers, (such as e-mail, Internet, intranet, voicemail, fax machines, and the like) are intended for legitimate business purposes and that I will not be afforded any privacy when using these systems. Any use of these systems for personal business is at the sole discretion of Autumn Care Hospice or customer management and must be used in an appropriate and reasonable manner. Access to and use of these systems may be terminated at any time without notice.

The use of communication and information systems in an inappropriate or offensive manner (including sexually explicit words or images, racial epithets or slurs, and/or demeaning words or images that may be considered offensive to others) may result in termination of my position or employment.

Employment Relationships

As a Autumn Care Hospice volunteer, I understand that I am not an employee of the customers to whom the Company is contractually obligated, regardless of any customer statement, conduct or belief.

I acknowledge that I will not be eligible to participate in or to receive any benefits from any customer's benefits plans or policies, and I waive and disavow all rights to receive them, apply for them, or participate in them.

Statement of Understanding

I certify that I am at least 18 years of age and that I have completed this form to the best of my ability. I understand that falsification of information may lead to ineligibility for or termination as a volunteer.

I have read this agreement; I understand it, and agree to its terms.

Signature

Date

Print Name

Witness Signature

Witness Print Name