



**HOSPICE SOUTHEASTERN CONNECTICUT**

227 Dunham Street  
Norwich, CT 06360  
(860)848-5699  
Fax: (860)848-6898

APPLICATION FOR VOLUNTEERING

It is unlawful to make employment decisions based on factors of race, color, religion, national origin, ancestry, age, past or present disability, physical or mental handicap, sex, marital status, civil union status, veteran status, sexual orientation or any other characteristic protected by applicable federal or state law. As an equal opportunity employer, Hospice Southeastern Connecticut will make a good faith effort to recruit and select candidates for volunteer positions solely on the basis of volunteer requirements. Hospice Southeastern Connecticut does encourage individuals to wait one year after the death of a loved one before doing any direct patient care or community relations. This, however, may be waived on a case by case basis.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Telephone Number

**NAME**

\_\_\_\_\_   
Last, First, Middle

**CONTACT INFORMATION**

\_\_\_\_\_   
Street

\_\_\_\_\_   
City State Zip Code

\_\_\_\_\_   
Mobile Phone Fax

\_\_\_\_\_   
Email Address

*\*Which of the following information can we include in a Volunteer Directory that will be shared **only** among volunteers and staff?*

Name: \_\_\_Yes \_\_\_No

Address: \_\_\_Yes \_\_\_No

Home Phone: \_\_\_Yes \_\_\_No

Mobile Phone: \_\_\_Yes \_\_\_No

Email Address: \_\_\_Yes \_\_\_No

EDUCATION

Name and Address of School

Major/Degree Received

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VOLUNTEER HISTORY

Name of Agency or Institution

Dates

Description of Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRANSPORTATION INFORMATION

Do you own a car? \_\_\_\_\_ (Please provide a copy of your auto insurance facesheet)

BACKGROUND INFORMATION

If offered a volunteer position with Hospice Southeastern Connecticut, Inc., your employment may be contingent upon the results of a background review, the extent of which will depend upon the nature of the volunteer position.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Conviction of a felony does not necessarily disqualify a volunteer applicant)

YES  NO IF YES, WHAT WAS THE NATURE OF THE FELONY FOR WHICH YOU WERE CONVICTED?

HAVE YOU EVER BEEN CONVICTED IN ANY STATE OR FEDERAL COURT OF A CRIME INVOLVING VIOLENCE OR DISHONESTY?  YES  NO

HAVE YOU EVER BEEN SUBJECT TO DISCIPLINARY ACTION BY ANY LICENSING AGENCY IN ANY STATE, THE DISTRICT OF COLUMBIA, A UNITED STATES POSSESSION OR TERRITORY OR A FOREIGN JURISDICTION?  YES  NO

**NOTICE: YOU ARE NOT REQUIRED TO DISCLOSE THE EXISTENCE OF ANY ARREST, CRIMINAL CHARGE OR CONVICTION, THE RECORDS OF WHICH HAVE BEEN ERASED PURSUANT TO CONNECTICUT GENERAL STATUTES §46B-146, 54-760 OR 54-142A, WHICH PERTAIN TO A FINDING OF DELINQUENCY OR THAT A CHILD WAS A MEMBER OF A FAMILY WITH SERVICE NEEDS, AN ADJUDICATION AS A YOUTHFUL OFFENDER, A CRIMINAL CHARGE THAT HAS BEEN DISMISSED OR NOLLED, A CRIMINAL CHARGE FOR WHICH A PERSON HAS NOT BEEN FOUND GUILTY OR A CONVICTION FOR WHICH THE PERSON RECEIVED AN ABSOLUTE PARDON. ANY PERSON WHOSE CRIMINAL RECORDS HAVE BEEN ERASED PURSUANT TO §46B-146, 54-760 OR 54-142A, SHALL BE DEEMED TO HAVE NEVER BEEN ARRESTED WITHIN THE MEANING OF THE GENERAL STATUTES WITH RESPECT TO THE PROCEEDINGS ERASED AND MAY SO SWEAR UNDER OATH.**

IF YOU RESPONDED AFFIRMATIVELY TO ANY OF THE QUESTIONS ABOVE, ATTACH A SIGNED AND DATED STATEMENT, INCLUDING THE DATE(S) OF CONVICTION(S), THE CHARGE(S), THE CIRCUMSTANCE(S) SURROUNDING THE CONVICTION(S), ETC.

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION OR MY PARTICIPATION IN THE VOLUNTEER TRAINING PROCESS SHALL BE DEEMED TO CREATE A VOLUNTEER CONTRACT BETWEEN HOSPICE SOUTHEASTERN CONNECTICUT AND MYSELF. I ALSO UNDERSTAND THAT NO PROMISES CONCERNING VOLUNTEER CERTIFICATION WITH HOSPICE SOUTHEASTERN CONNECTICUT ARE BINDING UPON HOSPICE SOUTHEASTERN CONNECTICUT UNLESS MADE TO ME IN WRITING AND SIGNED BY AN AUTHORIZED REPRESENTATIVE.

IF I AM ACCEPTED INTO THE VOLUNTEER PROGRAM, I UNDERSTAND AND AGREE THAT MY VOLUNTEER STATUS WITH THE AGENCY IS ENTERED INTO VOLUNTARILY AND THAT I MAY WITHDRAW AT ANY TIME. SIMILARLY, MY VOLUNTEER STATUS MAY BE TERMINATED FOR ANY REASON AND AT ANY TIME WITHOUT PREVIOUS NOTICE.

WITH MY SIGNATURE, I RELEASE AND HOLD HARMLESS ANYONE WHO DISCLOSES ANY INFORMATION INCLUDING COMPANY OWNERS AND/OR ANY OF THEIR DIRECTORS, OFFICERS, EMPLOYEES OR AGENTS INCLUDING HOSPICE SOUTHEASTERN CONNECTICUT FROM CLAIMS ARISING FROM OR CONNECTED WITH DISCLOSURES AS AUTHORIZED BY THIS RELEASE.

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SIGNATURE OF APPLICANT

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DATE

BACKGROUND SEARCH RELEASE AUTHORIZATION

Employee/Applicant Name  
First: M.I.: Last:

SSN: Date of Birth:

Driver's License  
Issuing State: Number:

Current Address  
Street:  
City: State: Zip:

I voluntarily consent to and authorize Hospice Southeastern Connecticut herein referred to as Company, and or their assigned agents, associates, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, Civil Records, Motor Vehicle/Driving Records, Credential Verification, Employment Verifications, Past Employment Verifications, Education Verifications, Reference Checks, Military Service Verifications, and Consumer Credit Reports.

I authorize any persons, organizations, companies, corporations, consumer reporting agencies, courts of law, licensing agencies, schools, and any current or past employer to furnish Company and or their assigned agents, associates or consumer reporting agencies with any and all information concerning me. I further agree to release Company and or their assigned agents, associates, or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information on connection with this research.

I certify that all statements made by me on this application are true and complete to the best of my knowledge, and that no attempt has been made by me to conceal pertinent information. I understand that any misrepresentation or omission of facts is sufficient grounds for not considering me for a volunteer position, withdrawal of any offer of a volunteer assignment, or immediate discharge.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. This authorization does not include a release of my medical information.

The above is understood and agreed by:

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Volunteer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Witness