

# APPLICATION FOR VOLUNTEER SERVICES

**All Prospective Volunteers are Subject to Criminal and DMV Background Checks**

## **Please Read Before Filling Out This Application**

We are an equal opportunity volunteer service provider and do not unlawfully discriminate. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for volunteer services on a basis prohibited by local, state, or federal law. Equal access to volunteer opportunities, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

**We advise that we intend to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive active consideration for thirty (30) days. If you have not heard from the Company within thirty (30) days and wish to receive further consideration for volunteer opportunities, it will be necessary to complete another application form.

As a part of our screening process, we will perform a background check on you. This check will include, but is not limited to, running a Comprehensive Criminal Background search including fingerprints where required, Social Security verification, Nationwide Sex Offender search, Medicare/Medicaid Sanctions search, and Terrorist search.

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name (if applicable) \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Alternate # (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
(Work or Cell)

Email \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip) (County)

Dates at this address \_\_\_\_\_ / \_\_\_\_\_  
From (Date - Month/Year) To (Date - Month/Year)

List previous addresses if address has changed during the past 7 years:

\_\_\_\_\_  
(Street) (City) (State) (Zip) From (Date - Month/Year) To

\_\_\_\_\_  
(Street) (City) (State) (Zip) From (Date - Month/Year) To

\_\_\_\_\_  
(Street) (City) (State) (Zip) From (Date - Month/Year) To

*If additional space is needed, please use the back of this sheet*

If related to anyone in our employment, state name, relationship and department:

Have you volunteered with our organization before? Yes  No  If yes, what happened to prevent you from continuing your volunteer work?

How did you learn of this volunteer opportunity? (Please check appropriate box)

- Word of Mouth     Religious Organization     Online     Walk-in     Newspaper Advertising  
 School/College Placement Office     Other \_\_\_\_\_

### MILITARY

**Military Status:**

Active Duty Service From: \_\_\_\_\_ to \_\_\_\_\_

Branch of Service: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

### PERSONAL INFORMATION

Have you ever been excluded from participation in the Federal health care programs?    Yes     No

Are you currently illegally using drugs?    Yes     No

Have you ever been convicted of abuse or neglect to another person?    Yes     No

Have you ever been convicted of misappropriation of property?    Yes     No

Have you ever been convicted of a crime?    Yes     No

Are any criminal charges currently pending against you?    Yes     No

Describe all of your convictions and/or pending charges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Convictions do not necessarily disqualify you from volunteering

### VOLUNTEER AVAILABILITY

When are you available to volunteer?    Morning \_\_\_\_\_    Afternoon \_\_\_\_\_    Evening \_\_\_\_\_

What days are available? M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ SU \_\_\_\_\_

What date are you available to start: \_\_\_\_\_

Do you have a valid Driver's License and reliable transportation? Yes \_\_\_\_\_ or No \_\_\_\_\_

How many miles from your home are you willing to travel to volunteer? \_\_\_\_\_ miles

Are you willing to work with patients of a different gender? Yes \_\_\_\_\_ or No \_\_\_\_\_ If no, what is your gender? \_\_\_\_\_

Are you willing to work with patients of a different faith? Yes \_\_\_\_\_ or No \_\_\_\_\_ If no, what is your faith? \_\_\_\_\_

Do you have any health-related concerns or disabilities that will affect what volunteer opportunities we assign to you?  
Yes \_\_\_\_\_ or No \_\_\_\_\_ If yes, please explain below?

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## VOLUNTEER PROFILE

Do you have any special skills that would be useful for volunteer work? Include any second languages, musical talents, crafting abilities, computer skills, etc. to help us best match you with volunteer opportunities that will be fulfilling for you and your patient.

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*(Special Skills are NOT required in order to volunteer.)*

Please check the following areas of interest/ volunteer needs so that we may gauge how to assign you with opportunities for service:

- |  |  |
|--|--|
| <input type="checkbox"/> Arts and Crafts                 | <input type="checkbox"/> Sensory Stimulation                       |
| <input type="checkbox"/> Reading                         | <input type="checkbox"/> Watching TV/ Movies                       |
| <input type="checkbox"/> Religious Programming           | <input type="checkbox"/> Outdoor Rides/Walks                       |
| <input type="checkbox"/> Gardening                       | <input type="checkbox"/> Cooking                                   |
| <input type="checkbox"/> Grooming/Manicures              | <input type="checkbox"/> Light House Work                          |
| <input type="checkbox"/> Musical Programs                | <input type="checkbox"/> Shopping                                  |
| <input type="checkbox"/> Carpentry                       | <input type="checkbox"/> Yardwork                                  |
| <input type="checkbox"/> Caring for aquariums, pets      | <input type="checkbox"/> Running errands                           |
| <input type="checkbox"/> Caring for Indoor Plants        | <input type="checkbox"/> A listening ear and a little conversation |
| <input type="checkbox"/> Reminiscing                     | <input type="checkbox"/> Childcare                                 |
| <input type="checkbox"/> Trivia                          | <input type="checkbox"/> Office Work                               |
| <input type="checkbox"/> Sewing                          | <input type="checkbox"/> Event Planning                            |
| <input type="checkbox"/> Crocheting                      | <input type="checkbox"/> Other: (specify) _____                    |
| <input type="checkbox"/> Card Play (bridge, poker, etc.) | <input type="checkbox"/> Other: (specify) _____                    |

Tell us any other information about yourself that may help us while organizing our volunteer services programs:

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**ATTESTATION STATEMENT**

If selected by this organization to participate in the volunteer program, I agree to abide by its rules and regulations. I certify that the facts contained in this application (and accompanying documentation, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for the agency to deny continued volunteer opportunities, no matter when discovered by the Company. I authorize this organization to contact any and/or all of my references for full information. I agree to take a physical examination at any time, at the request of this facility, and agree that the examining physician may disclose the findings to this facility or an authorized agent of this facility. If I am asked to volunteer, I understand that I am free to resign my volunteer services at any time, with or without cause and without prior notice, and the agency reserves the same right to terminate my volunteer services at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for the agency for any specified period or definite duration. I understand that no representative of the agency, other than an authorized corporate officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by an authorized corporate officer. I understand that this application is not intended to create a contract for employment or any employment relationship between the parties. I understand that as a volunteer with the company I shall not be entitled to any compensation or benefits of any type for any services performed on behalf of the company.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Do Not Write Below This Line***

**COMPANY USE ONLY**

Application checked and deemed complete by \_\_\_\_\_  
*Name of Person Receiving Application* *Date*

Interviewed By: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

Criminal background check received (date & initial) \_\_\_\_\_

# CONFIDENTIAL REFERENCE REQUEST – VOLUNTEER SERVICES

Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate termination of volunteer services. I authorize this company to contact any and/or all of my references for full information.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

## APPLICANT PLEASE DO NOT WRITE IN SPACE BELOW

Dear Sir or Madam:

\_\_\_\_\_ has indicated that you can account for his/her ability to perform in the role  
(applicant name)  
of volunteer for our organization. Your evaluation of him/her will be sincerely appreciated, and will be held completely in confidence. Both the applicant and I will benefit from an early reply, since his/her volunteer application is pending.

Sincerely: \_\_\_\_\_  
(Sender Name)  
\_\_\_\_\_  
Organization

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please rate the applicant on the personal characteristics below:

Integrity:	_____ Excellent	_____ Good	_____ Adequate	_____ Poor
Dependability:	_____ Excellent	_____ Good	_____ Adequate	_____ Poor
Initiative:	_____ Excellent	_____ Good	_____ Adequate	_____ Poor
Compassion:	_____ Excellent	_____ Good	_____ Adequate	_____ Poor
Work Quality:	_____ Excellent	_____ Good	_____ Adequate	_____ Poor

In your own words, tell us your opinion about the applicant's ability to serve as a volunteer.

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

***Please sign, date, and email/fax/mail back at your earliest convenience. Do not hesitate to contact us with questions.***

\_\_\_\_\_  
(References Signature) (Date)

### Sender Info

Organization Name \_\_\_\_\_ (Phone) \_\_\_\_\_ (Email) \_\_\_\_\_  
(Fax) \_\_\_\_\_ (Address) \_\_\_\_\_

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

***Please sign, date, and email/fax/mail back at your earliest convenience. Do not hesitate to contact us with questions.***

\_\_\_\_\_  
(References Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

### Sender Info

Organization Name \_\_\_\_\_ (Phone) \_\_\_\_\_ (Email) \_\_\_\_\_  
(Fax) \_\_\_\_\_ (Address) \_\_\_\_\_

## **Disclosure and Authorization Form to Obtain Criminal History Records for Employment Purposes**

### **Disclosure**

N.C. GEN. STAT. § 131E-265, KRS § 216.789, and VA Code Ann. § 32.1-126.01 requires a nursing home facility to conduct criminal history record checks prior to making a conditional offer of employment. Consistent with the statute and in considering you for employment, Principle LTC, Inc. (the "Company") is requesting your consent and authorization to conduct a pre-employment criminal history check. Pursuant to the statutes listed above, the Company will ONLY conduct a criminal background check and will not be requesting or reviewing your credit report or any other category of "consumer report" in making its hiring decision.

Under the Fair Credit Reporting Act, before the Company can obtain a consumer report about you for employment purposes, we must have your written consent. Be advised, however, that a refusal to consent to a criminal history record search will be a basis for a refusal to make an offer of employment or rescind a conditional offer of employment as required under the law.

Please be advised that in conducting criminal history searches, the Company may utilize the services of a Third Party Vendor such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**AUTHORIZATION**

I have read and understand the foregoing Disclosure, and authorize IntelliCorp Records, Inc. to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under the age of 18)

\_\_\_\_\_  
Date



## Personal Data

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Last Name

---

First Name

---

Middle Name

---

Current Address

---

Dates Lived Here

---

Addresses for the Past Seven Years: (include street, city, state, zip code)

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Dates of Residence:

---

Date of Birth

---

Other Names Used (including maiden name)

---

Years Used

---

Social Security Number

---

Driver's License #

---

State

---

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

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Printed Name

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Applicant Signature

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Date

**Disclosure and Authorization Form to Obtain Criminal History Records for Employment Purposes**