

Name of Applicant

Name _____
 Address _____
 City _____ State _____ Zip _____
 Birthdate _____
 Home # _____ Work # _____
 Cell # _____ Other _____
 Social Security # _____
 E-mail _____

Two Personal References

(excluding family members). Please provide a complete address, as references are verified by mail.

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home # _____ Work # _____
 Cell # _____ Other _____
 E-mail _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home # _____ Work# _____
 Cell # _____ Other _____
 E-mail _____

How did you hear about our Hospice volunteer program?

Why do you want to be a hospice volunteer?

What skills, talents, knowledge, and/or experiences) do you feel you can incorporate into your hospice volunteer work?

What type of volunteering interests you?

- Abider Bereavement
- Youth Groups Send a Wish
- Administrative Arts & Crafts Groups
- "No One Dies Alone" Companion
- Alternative/Complementary Therapy

Consent to Driving Record Review

In consideration of Life Choice Hospice's review of my application for volunteering, I consent to having my driving record reviewed. I hereby release any individual, entity, and Life Choice Hospice, Inc. from all claims or liabilities that might arise from that review or the disclosure of its results, including claims under any federal, state, or local civil rights laws, and any claims for defamation or invasion of privacy.

License # _____ State _____

Applicant Signature _____ **Date** _____

Consent to Criminal Background Check

I understand that as part of the volunteer requirements, a Criminal Background check will be conducted on me with the report to be furnished to Life Choice Hospice. The information requested and provided on this form will only be used for purposes of completing any required background check in compliance with Pennsylvania law. Applicant's living in the Commonwealth of Pennsylvania for the past two (2) years will have their background checked through the Pennsylvania State Police Criminal History Record Check system. An applicant who has not resided in Pennsylvania or who has not been a resident for the past two (2) years shall be required to obtain Criminal History Background Check from the Federal Bureau of Investigation within 90 days of provisional volunteering.

- I have been a resident of the Commonwealth of Pennsylvania for the entire two years (without interruption) immediately preceding the date of application.
- I have not resided or been a resident of the Commonwealth of Pennsylvania for the entire two years (without interruption) immediately preceding the date of application. Until such time that the criminal history report submitted to the facility, not in excess of the time permitted by law, the volunteer will be considered a provisional volunteer.

To be completed by those who have not resided or been a resident of the Commonwealth of Pennsylvania for the entire two years (without interruption) immediately preceding the date of application. List previous residences (other than in Pennsylvania) Please continue list if necessary.

