



VOLUNTEER APPLICATION

TODAY'S DATE: _____

Thank you for your interest in becoming an OpusCare volunteer!
 The following information will provide us with a clear understanding of your abilities and interests and will help us to best channel your energies and capabilities. Some of the questions may feel personal, however, this information will prove most helpful in making volunteer placements.

GENERAL INFORMATION

Last Name:	First:	M.I.:	DOB:
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Street Address:	Apartment/Unit #:
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City:	State:	ZIP:
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Phone:	Social Security No.: (req'd for background check)
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E-mail Address:

Employer (if applicable)	Position:	Work phone:
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Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Have you ever worked for OpusCare of South Florida? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?
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Have you ever volunteered with OpusCare of South Florida? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?
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Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:
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Days available: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
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Times: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

TYPE OF VOLUNTEER SERVICE PREFERRED (please check all that apply)

<p>Patient Related Services</p> <input type="checkbox"/> Companionship <input type="checkbox"/> Respite (Relieving Primary Caregiver) <input type="checkbox"/> Writing letters <input type="checkbox"/> Light help around the home <input type="checkbox"/> Reading <input type="checkbox"/> Music enrichment <input type="checkbox"/> Arts & crafts	<p>Non-Patient Services</p> <input type="checkbox"/> Computer skills: Word/Excel/data entry <input type="checkbox"/> Filing <input type="checkbox"/> Mass Mailing <input type="checkbox"/> Fundraising Events <input type="checkbox"/> Facility Maintenance <input type="checkbox"/> Copying <input type="checkbox"/> Comfort Calls
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<p>In the event of a Hurricane Warning, are you willing to assist patients/families with preparations/light shopping? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Are you willing to visit patients at nursing homes/assisted living facilities? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Are you willing to accept an assignment in a home with pets? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Are you willing to accept an assignment in a home with smokers? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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<p>Do you have any medical problem, injury, physical limitations, chronic ailment, allergies, or other conditions that could affect your volunteer work? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>If yes, please list:</p>
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Do you speak any foreign languages? If yes, please list:		
Have you previously done volunteer work? If so, where?		
How did you hear about OpusCare of South Florida's volunteer program?		
Why do you wish to volunteer for Hospice?		
Have you had experience with terminally ill people?		
Religious Affiliation (strictly if patient requests prayer services) <input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Other (please list) _____		
Please list any licenses/certifications you currently hold:		
STUDENT INFORMATION <i>(if applicable)</i>		
School currently attending:	Major:	
Hours required by your program:	Date to be completed:	
REFERENCES <i>Please list two professional references (someone from the community or work; do not use a relative)</i>		
Full Name:	Relationship:	
Company:	Phone:	
Full Name:	Relationship:	
Company:	Phone:	
EMERGENCY CONTACT INFORMATION		
Full Name:	Relation:	Phone:
<p>1. Have you ever been convicted and/or been found by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating patients or of misappropriating patient's property in this state or in any other state? If so, please describe the offense, the date and place of the conviction and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2. Have you ever been convicted of (1) felony, (2) cruelty to persons, or (3) assault of a victim sixty years of age or older? If so please describe the offense, the date of the conviction and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>3. Have you ever been sanctioned by a healthcare licensing agency in this or another state or in any other United States or foreign jurisdiction? If so, please identify the nature and the date of the action, the licensing agency involved, and the underlying circumstances or other information to help us evaluate your current fitness to become a volunteer. YES <input type="checkbox"/> NO <input type="checkbox"/></p>		
APPLICATION ACKNOWLEDGEMENTS <i>Please place a check mark in the box after reading each section carefully.</i>		
<input type="checkbox"/>	I authorize OpusCare of South Florida to conduct a criminal background check.	
<input type="checkbox"/>	I authorize OpusCare of South Florida to contact the two personal references I have listed.	
<input type="checkbox"/>	I understand that I will need to complete a two-step Tuberculosis screening test if I want to serve with patients and families and that I will need to update my TB screening annually.	
<input type="checkbox"/>	I understand that if I am accepted as an OpusCare of South Florida volunteer, I must complete a volunteer training program before being given an assignment. I am willing to participate in ongoing training activities for volunteers.	
<input type="checkbox"/>	I understand that I will need to participate in a volunteer interview and volunteer job placement process.	

<input type="checkbox"/>	I understand I will need to provide time and activity reports each week.
<input type="checkbox"/>	As a volunteer, I understand that I am subject to a code of ethics similar to that which binds professionals in the field in which I work. I, like them, assume certain responsibilities and will be accountable for my actions in terms of what is expected of me.
<input type="checkbox"/>	I agree to respect the confidentiality of any patient information I acquire in the course of volunteer activities with OpusCare of South Florida.
<input type="checkbox"/>	I agree to abide by all policies, regulations and guidelines established by OpusCare of South Florida.
<input type="checkbox"/>	I certify that all statements made on this application are true, complete and correct. I understand that any false information, omissions or misrepresentations of facts on this application will be cause for termination as a volunteer.
<input type="checkbox"/>	I understand that this application will not be considered if questions are left unanswered and if any of the Acknowledgements on this page remain unchecked.
<input type="checkbox"/>	I certify that answers given herein are true and complete.

DISCLAIMER AND SIGNATURE

I hereby certify that I have not been convicted and/or found guilty of patient abuse, neglect, or mistreatment, or misappropriation of patient property in this state or in any state and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer to become a volunteer by OpusCare of South Florida is conditional upon verification of this information with the state patient abuse registry and that a listing on such a registry or registries of any other state may act as an automatic withdrawal of any such offer to become a volunteer.

I understand that OpusCare of South Florida requires a thorough background investigation for all potential volunteers. This investigation is limited to only that information required to determine fitness for volunteering and may include, but is not limited to: past employment history verification, job performance, driving record, and a criminal background investigation. By affixing my signature to this document I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

Signature of Applicant

Date