**Connections to Care, Inc.**

**P.O. Box 3523**

**Valdez, AK 99686**

**Phone: (907) 255-2356**

**E-mail:** [**valdezcaring@gmail.com**](mailto:valdezcaring@gmail.com)

Name (Last, First, MI):

Date of Birth:

Mailing Address:

Physical Address:

Home Phone #: Cell Phone #:

E-mail address:

List any languages that you speak:

Do you have any health problems or physical limitations?

Please list current/most resent job(s)

|  |  |  |
| --- | --- | --- |
| **Employer’s Name** | **Position or Job Duties** | **Employment Status** |
|  |  | Employed  Student  Retired Unemployed |
|  |  | Employed  Student  Retired Unemployed |
|  |  | Employed  Student  Retired Unemployed |

I am interested in the following areas **(please check all that apply)**:

Sitting vigil with clients during their final hour’s Client/Family Contact

helping in Home

Visiting clients to offer companionship  Playing music or singing

giving caregivers a break by providing respite

Helping care for clients petsLandscape care

 Bringing trained pets to visit clients

Have you ever been a Hospice volunteer?  Yes  No

List any volunteer experience you feel may be pertinent:

|  |  |  |
| --- | --- | --- |
| **Organization’s Name** | **Volunteer Duties** | **Reason for leaving** |
|  |  |  |
|  |  |  |
|  |  |  |

Do you have other talents, skills, hobbies or interests that would be useful as a Hospice volunteer?

Please indicate the times and days you are available to volunteer:

Mondays Tuesdays Wednesdays

Thursdays Fridays Saturdays

Sundays

Emergency contact:

Name: Relationship:

Phone number:

**Requirements and Background Check for Volunteers**

**Age Verification**

Age is verified so that Connections to Care can help place the volunteer in the most appropriate position to help the client or family.

Are you at least 18 years old?  Yes  No

**References**

Please list two people, not related to you as personal references. We will call references for all volunteer applications.

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone#** | **Relationship** |
|  |  |  |
|  |  |  |

**TB Test**

All volunteers are required to have a current TB test on file with Connections to Care.

Do you have a current TB test through your current employer?  Yes  No

If “Yes” please bring in so that a copy can be put in your file.

If “No” you can either go to the Valdez Medical clinic or Public Health to receive the test. Connections to Care will pay 50%

Valdez Medical Clinic $69 Public Health $ based on income

**Drug Screening**

Connections to Care is a Drug Free Workplace. Volunteers must agree to Pre-employment drug screening. Passing a drug screen test is a condition of volunteering to work with Hospice clients and caregivers.

**Background Check**

Background checks will be performed on all volunteers who have contact with clients, families or caregivers. This check will reveal state and federal felony convictions. A conviction does not necessarily disqualify you from volunteering with Connections to Care. This will depend on the date of the conviction and the crime committed.

Have you ever been convicted of a felony?  Yes (if yes, give full details)  No

**Please read carefully and sign below.**

I authorize my previous/current employers and/or references to give any information regarding my employment or personal background. I agree that Connections to Care, my previous/current employers and references shall not be held liable in any respect if I am not accepted as a volunteer or if I am terminated as a volunteer because of falsifying statements, answers or omissions made by me on this application.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have no withheld anything that could affect this application unfavorably.

I acknowledge that I have read the above statements and understand them.

Signature Date