Friends Of Hospice/Serenity House
Application for Employment

Name: _____

Date of Birth: _____ SS #: _____

Address: _____

City: _____ Zip:_____

Phones: Cell Home Work

Alternative Phone #: _____ Cell Home Work

Email Address: _____

Emergency Contact Person: _____

Relationship: _____ Phone #: _____

How did you hear about Friends of Hospice/Serenity House? _____

_____

_____

Why would you like to work for Friends of Hospice? _____

_____

_____

Have you ever worked with terminally ill clients before? _____ Yes _____ No

If yes, please share organizations, length of involvement and duties performed:

_____

_____

_____

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EDUCATION:

High School: _____

Year of Graduation: _____ If no graduation, GED? _____

College or Trade School: _____

Degree or Certification: _____

EMPLOYMENT HISTORY (please provide for past 10 years of employment)

Name of Employer	Dates of Employment
_____	_____
_____	_____
_____	_____

What experience have you had with hospice, death, dying, and/or bereavement? _____

_____

_____

_____

Please describe any concerns, fears, or apprehensions you may have about working with individuals who are in the final stages of life or supporting those who are experiencing bereavement.

_____

_____

_____

Do you have any health problems or physical limitations that would restrict your ability to work? _____ Yes _____ No

If yes, please explain: _____

_____

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Please indicate the best days and times that accommodate your schedule:

☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

SHIFTS:

☐ 7 am - 3:30 pm

☐ 3 pm - 11:30 pm

☐ 11pm - 7:30 am

Please list three references (at least one should be a past employer)

#1 - Name: _____

Phone: _____

How do you know this person? _____

_____

Length of time: _____

#2 - Name: _____

Phone: _____

How do you know this person? _____

_____

Length of time: _____

#3 - Name: _____

Phone: _____

How do you know this person? _____

_____

Length of time: _____

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Initial/
Initials

CONFIDENTIALITY / RELEASE AGREEMENT

_____ 1. In my role as a Friends of Hospice Serenity House Caregiver, I understand the need for confidentiality and do hereby agree to honor said policy. All matters discussed will remain confidential, except those matters related to instances of harm or threat of harm to any person, or in the case of suspected abuse or neglect.

_____ 2. I hereby authorize Friends of Hospice of the Lakeway Area, Inc. to release my photograph for publication. I understand that any prints or slides made while I am involved in a Serenity House activity shall be used by Friends of Hospice for the purpose of volunteer recruitment, promotional use, and/or educational purposes. The afore-mentioned photographs may be modified, edited, or retouched by Friends of Hospice in using them for the purposes previously specified.

_____3. I understand that as a contracted caregiver for Friends of Hospice Serenity House, workers compensation insurance is not available. Any bodily injury resulting in loss of time, loss of wages or any other expenses incurred will not be reimbursed by Friends of Hospice. I recognize the need to always proceed with caution for my personal safety in all activities.

_____ 4. I hereby release and discharge Friends of Hospice of the Lakeway Area, it's agents, board members and officers from all claims, demands, actions and judgments which I have against Friends of Hospice for all personal injuries either physical or emotional, known or unknown and injuries to property, real or personal, sustained during my participation as a contracted caregiver, whether the injury is due to negligence or any other fault.

_____ _____
Signature **Date**

_____ _____
Witness **Date**

 Name:

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CRIMINAL HISTORY

As part of the Friends of Hospice contractual agreement application process, a criminal history background check is required. This measure helps ensure the safety and protection of Serenity House residents, particularly vulnerable populations such as children, individuals with disabilities, and adults over the age of 60.

As part of the background screening process, we will review any history of sexual offenses, drug-related offenses, violent crimes, or other offenses that may directly impact your ability to serve in this role.

This background check includes a search of the National Sex Offender Registry and an FBI criminal history check, which requires fingerprinting prior to any volunteer assignment.

Please answer the following questions completely and accurately. The existence of a criminal conviction or juvenile adjudication may or may not disqualify you from consideration, depending on the nature and circumstances of the offense. However, any intentional misrepresentation or omission of information will result in disqualification. Please do not include minor traffic violations.

___ I authorize Friends of Hospice to conduct a National Sex Offender Public Registry (NSOPR) check and a criminal background check.

Have you ever been convicted as an adult or adjudicated as a juvenile for any criminal offense by a civilian or military court, excluding minor traffic violations? _____ Yes _____ No

Are you currently facing charges for any offense or on probation or parole? _____ **Yes** _____ **No**

If you answered "Yes" to any of the questions above, please provide the following information:

Date: _____ Place: _____

Charge: _____

Action Taken: _____

Court, Probation or Parole Officer: _____

Name: _____

Address: _____

City, State, Zip:_____ Phone #: _____