



Volunteer Application

Mission: St Croix Hospice will provide the highest quality hospice services to patients and families with a life limiting illness.

Vision: St. Croix Hospice will raise the standard of quality care provided to the patients and families that we serve by our commitment to the growth and development of our team.

Values: Integrity, Compliance, Accountability, Achievement, Gratitude

PERSONAL INFORMATION			
Last Name	First	Middle	Date
Street Address		Primary Phone ()	
City	State	Zip	Alternate Phone ()
Email Address		Best time to contact you: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Have you ever applied or volunteered/worked for St Croix Hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No "Yes" when/what position		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
VOLUNTEER INTERESTS			
Preferred Area: <input type="checkbox"/> Office <input type="checkbox"/> Patient & Family <input type="checkbox"/> Vigil <input type="checkbox"/> Pet Therapy (Certificate Required)			Date Available:
How did you learn about this opportunity?		Referred By:	
How many hours per week are you available to volunteer?		When are you available? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings <input type="checkbox"/>	
Briefly describe why you would like to volunteer for St. Croix Hospice:			
PROFESSIONAL EXPERIENCE			
Are you a current student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	
Do you have previous volunteer experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	
List Professional Organizational Memberships, Honors Received, or other position related qualifications:			

EMERGENCY CONTACT INFORMATION		
Emergency Contact # 1	Name	Relationship
Cell Phone:	Home Phone:	Work Phone:
Emergency Contact # 2	Name	Relationship
Cell Phone:	Home Phone:	Work Phone:

REFERENCES (non-family)			
1. Name	Title	How are you acquainted?	Phone (include area code)
			Email Address
2. Name	Title	How are you acquainted?	Phone (include area code)
			Email Address

Please read the statements below, and acknowledge each section with your initials, and sign below.

_____ I certify that I have answered the above questions truthfully and have not withheld any information relative to this application or supporting documents. I understand that any falsification, misrepresentation, omissions, or misleading statements, will result in denial of volunteer opportunities, or terminating volunteer opportunities if discovered after hire.

_____ I authorize St. Croix Hospice to contact references. This information will be used to determine my suitability for volunteering with St. Croix Hospice. I release St. Croix Hospice and any other associated parties from any liability associated with this verification.

_____ I understand that nothing contained in this application or in the interview process is intended to create a contract between St Croix Hospice and myself for either employment, volunteering or for the providing of any benefits.

_____ I understand that all offers of volunteerism are conditional upon passing a criminal background check (including adult and child abuse) prior to volunteering. I authorize the release of this information to St. Croix Hospice for use in evaluating my suitability for volunteerism.

Signature:

Date:

Send Application back to:

By Mail: Application / Volunteer Services
 St. Croix Hospice
 7200 Hudson Blvd. Suite 230
 Oakdale, MN 55128
 By Email: volunteer@stcroixhospice.com
 By Fax: 651-735-0155

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

(Important: Please read carefully before signing.)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

St Croix Hospice does conduct a background investigation as part of its screening process. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, credit header data, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. The primary objective of any investigation will be to verify information you provided on your application in connection with your application for employment or continued employment with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company, to the extent permitted by law. If you submit a timely written request to our personnel department, we will provide you with the name, address and phone number of the consumer reporting agency and the nature and scope of any investigative consumer report (if one is ordered). Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by DHS, TLT, or another outside organization.

SUMMARY OF YOUR RIGHTS UNDER THE FCRA

The FCRA (Fair Credit Reporting Act) requires that we inform you that a background investigation may be conducted as part of the screening and hiring process. In the course of this screening process before any adverse action is taken, you will be provided a copy of the report and a comprehensive summary of your rights under the FCRA, as well as additional information on your rights under the law. For a full copy of your rights and other useful information visit: <http://www.ftc.gov/os/statutes/fcra/ump.shtm>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable.

To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information as requested by St Croix Hospice. A photocopy of this document may be substituted for the original.

I affirm that the information provided on the attached forms is true and accurate to the best of my knowledge.

Applicant Signature:	Date:
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Volunteers are valued and appreciated as individual members of a dedicated team. Volunteer opportunities are open to all qualified applicants solely on the basis of experience, education, aptitude and ability. St. Croix Hospice ensures equal volunteer opportunities for all applicants and volunteers without regard to; race, color, sex, national origin, religion, veteran status, age, disabilities, or sexual orientation. Contact the Volunteer Coordinator for assistance with completion of this application or accommodations throughout the pre-employment process.