



Hospice Brazos Valley

VOLUNTEER APPLICATION

Please complete as thoroughly as possible.

Name: _____

Mailing Address: _____

City/St/Zip: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Email: _____

Date of Birth (month/day/year): _____ Highest level of education completed: _____

Social Security Number: (needed for background check) _____

Are you fluent in other languages? If so, which? _____

Do you read this language? Yes No Do you write in this language? Yes No

Hobbies, interests, talents, skills _____

Your employer (if any): _____

Military background: _____

Would you be willing to drive your car for hospice work? (Please circle) Yes No Uncertain

Distance willing to travel (round trip per visit): _____

At this time, when are you available to volunteer?

Mon Tues Wed Thurs Fri Weekends

Mornings Afternoons Evenings

Do you have health-related problems or physical limitations? _____

Have you received the COVID-19 vaccination? Yes No

Please indicate areas of volunteer services in which you may be interested:

Patient/Family Visits Office Work Grief Support

Posy Express Flower Arranging Flower Delivery to Patients

Public Relations/Fundraising Events Gardening/Yard Maintenance

Making Comfort Shawls/Quilts for Patients

Spiritual Affiliation: _____ Local Fellowship: _____

Clubs and Organizations: _____

Past/Present Volunteer activities: _____

How did you hear about the HBV volunteer program? _____ Website _____ Social Media

_____ Newspaper/Magazine _____ Health Fair _____ Friend

_____ Other _____

Why do you want to be a hospice volunteer? _____

What significant experiences have you had with a person living with a terminal illness?

Has someone close to you died recently? If yes, please describe: _____

HBV recommends that all volunteers wait 12 months after the death of a loved one to begin volunteering.

Please list two (2) personal references:

1. Name _____ Relationship _____

Address _____

City/St/Zip _____ Phone _____

2. Name _____ Relationship _____

Address _____

City/St/Zip _____ Phone _____

Person to be notified in case of an emergency:

Name _____ Relationship _____

Address _____

City/St/Zip _____ Phone _____

Signature _____ Date _____



HBV063099-rev060122

HOSPICE BRAZOS VALLEY, INC. STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by Hospice Brazos Valley, Inc. that a criminal history check will be performed on my name. I have informed this agency of all names (i.e. maiden, aliases) that I have used in the past. I understand that my employment is temporary pending the results of the criminal history check and that all information obtained by this agency regarding my criminal history will remain confidential. I understand that a person listed in the Employee Misconduct Registry (EMR) is not employable by Hospice Brazos Valley and that the EMR is governed by DADS/EMR:93.3 and the THSC, Chapter 253.

I have not been convicted of the following crimes:

- an offense under Chapter 19, Penal Code (criminal homicide);
- an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
- an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), Section 21.11, Penal Code (indecent with a child);
- an offense under Section 22.011, Penal Code (sexual assault);
- an offense under Section 22.02, Penal Code (aggravated assault);
- an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- an offense under Section 22.041, Penal Code (abandoning or endangering child);
- an offense under Section 22.08, Penal Code (aiding suicide);
- an offense under Section 25.031, Penal Code (agreement to abduct from custody);
- an offense under Section 25.08, Penal Code (sale or purchase of a child);
- an offense under Section 28.02, Penal Code (arson);
- an offense under Section 29.02, Penal Code (robbery);
- an offense under Section 29.03, Penal Code (aggravated robbery);
- an offense under Section 21.08, Penal Code (indecent exposure);
- an offense under Section 21.12, Penal Code (improper relationship between educator and student)
- an offense under Section 21.15, Penal Code (improper photography or visual recording);
- an offense under Section 22.05, Penal Code (deadly conduct);
- an offense under Section 22.021, Penal Code (aggravated sexual assault);
- an offense under Section 22.07, Penal Code (terroristic threat);
- an offense under Section 32.53 Penal Code (exploitation of a child, elderly individual, or disabled individual)
- an offense under Section 33.021, Penal Code (online solicitation of a minor);
- an offense under Section 34.02, Penal Code (money laundering);
- an offense under Section 35A.02, Penal Code (Medicaid fraud);
- an offense under Section 36.06, Penal Code (obstruction or retaliation);
- an offense under Section 42.09, Penal Code (cruelty to livestock animals) or under Section 42.092, Penal Code (cruelty to nonlivestock animals); or
- a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under this subsection.



**Hospice
Brazos Valley**

I have not been convicted of the following crimes in the last five years:

- an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
- an offense under Section 30.02, Penal Code (burglary);
- an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
- an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony;
- an offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
- an offense under Section 37.12, Penal Code (false identification as peace officer); or
- an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Signature of Employee

Printed Name

Date



**Hospice Brazos Valley
Criminal Conviction History and Registry Checks**

I, (applicant's printed name) _____, give my permission to check for a criminal conviction history, to check the required registries annually, and to check the state and federal lists of individuals and entities excluded from participation in a DADS-regulated facility (or any federal program) annually as part of my application for employment at Hospice Brazos Valley. I also understand that a criminal conviction listed under Section 250.006 of the Texas Health and Safety Code or a registry listing that prohibits a person from employment in a health care setting in the state of Texas will prohibit my employment. A criminal conviction of any kind will be reviewed by Hospice Brazos Valley to determine if the conviction may be a contraindication to employment.

Signature – Applicant

Date

Applicant Information required by the Texas Department of Public Safety (DPS) (Applicant must print.)

Individual's Name (Last, First, Middle)	Alias	Maiden Name
Date of Birth (mm/dd/yyyy)	Social Security No.	

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Hospice Brazos Valley

Agency Name (Please print)

Amber Glueck

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	