

Thank you for your interest in volunteering with Hospice of Havasu!

Please read the following information to learn more about us and our review process. If you have any further questions, please contact the Volunteer Services Department. We will be happy to help you.

Submitting an Application:

To apply for a volunteer opportunity with Hospice of Havasu, an Application must be completed. All questions must be answered completely. You may be disqualified for any false statement or for omitting information.

Review Process:

There are several steps in the Hospice of Havasu review process. Please be patient. All applications are tentatively accepted and subject to a review. The review process could include a telephone screening, a personal interview, and an interview with the Manager of the facility you are interested in volunteering at. You will be notified regarding whether or not you were selected.

Reasonable Accommodation

Hospice of Havasu will provide reasonable accommodations for qualified individuals with disabilities who are volunteer applicants. If you need assistance or accommodation to interview because of a disability, please contact the Volunteer Services Department. Volunteer opportunities will not be denied because of the need to make reasonable accommodations for an individual's disability.

Conditions of Volunteering

If you are selected for a volunteer position at Hospice of Havasu you will be officially notified. All new volunteers must complete an orientation program specific to Hospice of Havasu. All prospective volunteers will be required to:

- Successfully pass pre-volunteering drug testing
- Provide a satisfactory 5 year driving history. (when indicated)
- Provide documents establishing identity
- Verification of current auto insurance (when indicated)
- Valid AZ Driver's License (when indicated)
- Provide authorization for background screening

On the Web

Please visit our website, www.hospicehavasus.org for more information about our agency.

HOSPICE OF HAVASU is proud to support a Drug-Free Workplace. HOSPICE OF HAVASU is an Equal Opportunity Employer. Prospective employees/volunteers will receive consideration without discrimination based on race, color, religion, age, gender, disability, marital or veteran status, national origin and other categories protected by federal, state or local law.

Notice of Nondiscrimination: Pursuant to Title IV of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, Hospice of Havasu does not discriminate in the provision of services on the basis of race, color, national origin, disability or age. For further information or to file a complaint, contact the HOH Compliance Coordinator at (928) 453-2111 or toll-free (888) 468-2111.

Please keep this page for your future reference



Hospice of Havasu Volunteer Application

365 South Lake Havasu Avenue, P.O. Box 597, Lake Havasu City, Arizona 86405-0597
 Phone: (928)453-2111 Toll-Free: (888)468-2111 Fax: (928)453-3003 TTD: (928)453-3239

Please print all information in ink.

Position Applying for: VOLUNTEER	Today's Date:	Availability: Hours Per Week _____ Hours Per Month _____
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Full Legal Name:	Daytime Telephone: ()
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Residential Address:	Message Telephone: ()
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City:	State:	Zip:
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Mailing Address: (If different than above)

City:	State:	Zip:
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Please provide your valid Arizona driver's license number:

Have you in the last 10 years been convicted of a felony (excluding any sealed or expunged convictions)? No Yes
If yes, please request extra sheet to explain.

Have you ever been known by another name that we need to know to verify information? No Yes
 If yes, what was the name?

Briefly state why you would like to volunteer for Hospice of Havasu:

Education:	Course of Study	Degree/Certificate
High School / G.E.D.		
Community College		
College / University		
Business / Trade School		
Seminars / Other		

Fluency in language(s) other than English (specify): Read Write Speak

Please list any other *relevant* experience, training, qualifications, skills or background (including dates) that you possess:

Experience: *Please provide your complete employment record and/or any related volunteer or unpaid experience for the past 10 years.* Please attach additional pages if necessary.

<input type="checkbox"/> Current or <input type="checkbox"/> Most Recent Employer's Business Name:			Name of Supervisor:		
Address:			Telephone:	Fax:	
Position Held:		Main Duties/Responsibilities:			
Start Date:	Ending Date:	Reason for Leaving: (If Applicable)			
<input type="checkbox"/> Yes, you may contact <input type="checkbox"/> Please do NOT contact because:					
Previous Employer:			Name of Supervisor:		
Address:			Telephone:	Fax:	
Position Held:		Main Duties/Responsibilities:			
Start Date:	Ending Date:	Reason for Leaving:			
Previous Employer:			Name of Supervisor:		
Address:			Telephone:	Fax:	
Position Held:		Main Duties/Responsibilities:			
Start Date:	Ending Date:	Reason for Leaving:			
Previous Employer:			Name of Supervisor:		
Address:			Telephone:	Fax:	
Position Held:		Main Duties/Responsibilities:			
Start Date:	Ending Date:	Reason for Leaving:			
Please explain any gaps in your employment history here:					

Please provide information for three (3) professional references who can comment on your knowledge, skills & abilities. Please do NOT include friends and/or family members. Also provide three (3) personal references who can comment on your personal character. Please do NOT include family members.

<i>Professional Reference Name</i>	<i>Occupation</i>	<i>Relationship</i>	<i>Telephone</i>
<i>Personal Reference Name</i>	<i>Known How Long</i>	<i>Relationship</i>	<i>Telephone</i>

Please tell us: Where did you first learn of this position?

- | | | |
|--|---|--|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Hospice of Havasu Employee/Volunteer | <input type="checkbox"/> Volunteer Services Department |
| <input type="checkbox"/> Career or Job Fair | Name: | <input type="checkbox"/> Department of Economic Security |
| <input type="checkbox"/> Chamber of Commerce Website | <input type="checkbox"/> Walk – In | <input type="checkbox"/> Radio Ad |
| <input type="checkbox"/> Hospice of Havasu Website | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other: Specify: |

Please read and initial each paragraph below (please ask if there is any part of this page you do not understand):

_____ I understand that all application data is subject to verification. I hereby authorize Hospice of Havasu to conduct a background check to thoroughly investigate my references, work records, education and other matters related to my suitability for volunteering. I further authorize my current and former employer to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Hospice of Havasu, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create a volunteering contract, implied or explicit, between me and Hospice of Havasu. In addition, I understand and agree that if I am volunteering, my volunteer relationship is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Hospice of Havasu, and that no promises or representations contrary to the foregoing are binding on Hospice of Havasu unless made in writing and signed jointly by the Executive Director and myself.

_____ I understand that if offered a volunteering opportunity, I will, as a condition, be required to submit proof of my identity.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for a volunteering opportunity and that the answers given by me are true and complete to the best of my knowledge. **I further certify that I, the undersigned applicant, have personally completed this application.** I understand that any omission or misstatement on this application or on any documents used to secure a volunteering opportunity shall be grounds for rejection of this application.

My signature below certifies that the answers given herein are true and complete. Also, I have read and understand the above paragraphs, and agree to the terms and conditions outlined in this application.

Applicant Signature: _____

Date: _____

**Hospice of Havasu, Inc.
Emergency Contact Form**

Emergency Contact 1

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Emergency Contact 2

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Physician Name: _____

Address: _____

Phone Number: _____

Allergies (food, medication, etc): _____
