



# APPLICATION FOR VOLUNTEERING

Ascend Hospice is an Equal Opportunity Employer. Ascend Hospice offers equal employment opportunity to all applicants and all employees regardless of race, color, religion, age, sexual orientation, national origin, ancestry, veteran status, military service, disability, or any other classification protected by applicable Federal, State or Municipal law.

**PLEASE PRINT CLEARLY:** Your application is an important part of our selection process. Any offer of employment will be subject to its accuracy and completeness. *Although a resume may be attached, all sections must be fully completed.*

Application Date:		Position of Interest:	
Last Name	First Name	Middle Name	
Address	City	State	Zip
Home Phone:	Mobile Phone:	Social Security Number (Optional)	
E-mail address:			

Please indicate your referral source:

Advertisement     
  Walk-In     
  Online/ \_\_\_\_\_  
 Employee     
  Friend     
  Other \_\_\_\_\_

Are you legally authorized to volunteer in the United States? .....  Yes    No  
*Proof of eligibility to work in the U.S. will be required upon volunteering.*

Are you over the age of 18? .....  Yes    No  
 (If No, you will be required to provide authorization).

Have you previously filed an application with Ascend Hospice? .....  Yes    No

Have you ever volunteered at Ascend Hospice, Ascend Home Health, Ascend Concierge, Ascend Rehab, Care One, Care VA, HealthBridge, Partners Pharmacy, Aveta, TotalCare or BergenCare? .....  Yes    No

If YES, indicate dates, location & reason for leaving: \_\_\_\_\_

Please list any relatives and friends employed/volunteering for Ascend Hospice:

Name \_\_\_\_\_ Position \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Relationship \_\_\_\_\_

## AVAILABILITY INFORMATION

Available Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

What days are you available to volunteer?  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

What time(s) are you available to volunteer?  Mornings  Afternoon  Evenings  Overnights

Are you able to volunteer:  Weekends  Holidays

I \_\_\_\_\_  
Signature & Date

Do you have any commitments that might affect your volunteering with us?

Yes  No

Can you travel if the job requires it?

Yes  No

Do you have a valid driver's license?

Yes  No

## EDUCATION/TRAINING

School	Name & Address of School	Course of Study	Did You Graduate?	Diploma/Degree Received
High School/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization/State Issued	Expiration Date	Number	Verif.

## MILITARY RECORD

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Occupational Specialty

## VOLUNTEER HISTORY

Start with your most recent job.				
Employer Name	Employed (Month and Year)		Describe Your Job Duties and Responsibilities	
	From	To		
Address				

City & State	Telephone Number	
Position(s) Held	Hourly Rate/Salary Starting      Final	
Supervisor Name and Title		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
Reason for Leaving:		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After Job Offer
<b>Employer Name</b>	Employed (Month and Year) From              To	Describe Your Job Duties and Responsibilities
Address		
City & State	Telephone Number	
Position(s) Held	Hourly Rate/Salary Starting      Final	
Supervisor Name and Title		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
Reason for Leaving:		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After Job Offer
<b>Employer Name</b>	Employed (Month and Year) From              To	Describe Your Job Duties and Responsibilities
Address		
City & State	Telephone Number	
Position(s) Held	Hourly Rate/Salary Starting      Final	
Supervisor Name and Title		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
Reason for Leaving:		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After Job Offer

**ADDITIONAL INFORMATION**

Please list any other information that you think would be helpful to us in considering your application, including professional memberships, extra-curricular and volunteer activities. Exclude organizations/information indicative of age, sex, race, color, religion, gender, national origin, disability, or other protected status.

**REFERENCES (Do not list family members or previous supervisors).**

Name	Occupation	Phone Number	Relationship to You
1.			
2.			

3.			
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**PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTION UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation?  Yes  No

**VOLUNTEER ACKNOWLEDGEMENT AND SIGNATURE**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also acknowledge that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that if volunteering for Ascend Hospice, I will be required to complete a pre-employment medical examination (if applicable), drug screening and criminal background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-volunteering tests and checks will result in withdrawal of any volunteer offer or termination of volunteering.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge volunteer at any time with or without cause. It is further understood that this “*at will*” volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby authorize persons, schools, my current employer (if applicable), previous employers, references, and organizations named in this application (and accompanying resume, if any) to provide Ascend Hospice and/or its representatives any relevant information that may be required to arrive at any volunteer decision, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE STATEMENTS.**

Applicant’s Signature: _____ Date: _____
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