

Holly's Haven - Volunteer Program

Anchor of Hope Hospice thanks you for your interest in volunteering with our agency!

Please note the following information applicable to our volunteers:

Volunteer Information						
Name			Date of Birth (must be 18 years old or older)			
Address			City, State, Zip			
Home Phone	Phone	Social Security Number	E-Mail Address			
Availability and Interests						
Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM	Friday <input type="checkbox"/> AM <input type="checkbox"/> PM	Saturday <input type="checkbox"/> AM <input type="checkbox"/> PM	Sunday <input type="checkbox"/> AM <input type="checkbox"/> PM
Preferred Volunteer Activities: <input type="checkbox"/> Office Work (such as special projects, filing, word processing, data entry, answering phones, etc.) <input type="checkbox"/> Direct Patient Care (such as <input type="checkbox"/> Photography, <input type="checkbox"/> Reading, <input type="checkbox"/> Singing, <input type="checkbox"/> Playing an instrument, <input type="checkbox"/> Hair Care <input type="checkbox"/> Art Work, <input type="checkbox"/> Other _____) <input type="checkbox"/> Family Support (such as <input type="checkbox"/> child care, <input type="checkbox"/> lawn care, <input type="checkbox"/> home repair, <input type="checkbox"/> baking, <input type="checkbox"/> other _____) <input type="checkbox"/> Community Support (such as <input type="checkbox"/> Public Speaking, <input type="checkbox"/> education, <input type="checkbox"/> other _____) <input type="checkbox"/> Foreign Language: _____ <input type="checkbox"/> Entertainment: _____ <input type="checkbox"/> Counseling: _____ <input type="checkbox"/> Other: _____						
Why would you like to volunteer with Anchor of Hope?						
Which facility would you like to volunteer for: <input type="checkbox"/> Texas <input type="checkbox"/> Indiana						

- All volunteer activities are primarily social in nature. No volunteer may provide any sort of hands-on personal care (i.e., care that is provided in private to maintain dignity) to the patients nor are volunteer activities standard work tasks diverted from agency employees.
- All volunteers are required to provide proof of a negative TB test (PPD or chest x-ray), within the preceding 12 months, prior to any volunteer work in the agency.
- Volunteers will receive a background check in compliance with applicable regulations. By signing below, you authorize Anchor of Hope and its affiliates to perform any necessary background checks and also waive any written notice of the release of such records that may be required by applicable law. Additionally, Volunteers may be exposed to information confidential in nature and are expected to maintain confidentiality regarding the agency and its patients.
- Because patients of Anchor of Hope are coping with various physical and cognitive disease processes, the behavior of patients can be unpredictable. Whatever the causes of the symptoms or behaviors, it is important for each person involved to understand the inherent risks associated with the disease process. Please sign below to indicate you acknowledge that you have been advised of these risks and that you willingly and knowingly assume the risks of the Anchor of Hope agency and further grant Anchor of Hope and its affiliated entities a waiver as to all liabilities and damages arising from any adverse incident that may occur while within the agency.

Signature of Volunteer

Date

PLEASE READ CAREFULLY

I certify that all the information on this application, my resume, or any supporting documents is correct, and I understand that any misrepresentation or omission of any information may result in disqualification from consideration for volunteering.

I authorize **Anchor of Hope Hospice** and/or its agents to investigate all statements contained in this application and/or resume. I further understand that a background check may be made including, but not limited to, criminal history, driving record, employment, military, education, and general public records which will provide information concerning my character and general reputation. I hereby authorize my former employers, educational institutions or other reference providers to furnish all information pertaining to my work or educational record. I release my former employers, educational institutions, supervisors, references and any appropriate licensing board to release full information concerning my license status and my license history from all liability on account of furnishing information to this **Anchor of Hope Hospice**.

I understand, if I am applying for a position that involves any type of direct and/or indirect patient or client contact in accordance with the Texas Department of Aging and Disability Services (DADS), **Anchor of Hope Hospice** will review the Nurse Aide Registry (NAR) and Employee Misconduct Registry (EMR). I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against patients and consumers are denied employment in DADS – regulated agencies; 2) the State of Texas maintains a registry of all nurse aides who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, or misappropriation of patient property by nurse aides and if there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) all DADS – regulated facilities and agencies are required to check the Employee Misconduct Registry (EMR) and Nurse Aide Registry (NAR) before hire to determine if I am listed in either registry, as having committed an act of abuse, neglect, exploitation, misappropriation or misconduct against a patient or consumer. I understand that if I am listed on the Employee Misconduct Registry (EMR) I am unemployable. I understand that if I am listed with a positive finding of abuse, neglect, misappropriation or misconduct against patients and consumers on the Nurse Aide Registry (NAR), I am unemployable. If employed, I understand that I will undergo annual Nurse Aide Registry (NAR) & Employee Misconduct Registry (EMR) reviews.

I understand that, as a condition of employment I may be required to sign a non-compete agreement, a conflict of interest statement, and/or arbitration agreement and I hereby agree to arbitrate all disputes regarding my application for employment and any employment related matters rather than resolving them in court or other forum. I understand that **Anchor of Hope Hospice** is a drug free workplace and has a post-accident drug-testing policy. I also understand that all employees of **Anchor of Hope Hospice** may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If detected, the offer of employment may be withdrawn. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo random, reasonable suspicion, post accident alcohol and drug testing except where prohibited by law. Refusal to take such tests when asked may result in termination.

Volunteer Signature

Date