



Hughes Health & Rehabilitation

Caring for loved ones. Family style

An Equal Opportunity Employer

APPLICATION FOR VOLUNTEER SERVICES

Please Print in Ink

Name (last, first, middle initial):		
Current Address:		Telephone:
Street	City	State Zip ()
Permanent Address (if different):		
Street	City	State Zip ()
Services for which you are volunteering:		Days and times you are available:
Are you 18 years of age or older? Yes ____ No ____ Date Available _____		How did you hear of Hughes or the services for which you are volunteering?
Have you ever worked or volunteered here before? If so, when?		
		Have you any relatives or friends in our employ? Yes ____ No ____
		If yes, name _____

EMPLOYMENT HISTORY

Please complete the following section in detail, starting with your present or most recent employer. Account for all time during the last ten years or, if you have worked less than ten years, account for all of the years that you have worked. If necessary, attach your resume or a list of additional positions you have held.

1	Name of Employer:	Supervisor's Name & Title:
Address:		Telephone:
Street	City	State Zip ()
Reason for Leaving:	Dates Employed: From: To:	Type of Work Performed:
	May We Contact this Employer? Yes _____ No _____	
2	Name of Employer:	Supervisor's Name & Title:
Address:		Telephone:
Street	City	State Zip ()
Reason for Leaving:	Dates Employed: From: To:	Type of Work Performed:
	May We Contact this Employer? Yes _____ No _____	
3	Name of Employer:	Supervisor's Name & Title:
Address:		Telephone:
Street	City	State Zip ()
Reason for Leaving:	Dates Employed: From: To:	Type of Work Performed:
	May We Contact this Employer? Yes _____ No _____	

EDUCATION

High School	City, State	Did you Graduate? Yes _____ No _____	
		Type of Diploma:	Cumulative Grade Average:
Technical or Business School:	City, State	Did you Graduate? Yes _____ No _____	
		Date:	Cumulative Grade Average:
College or Other:	City, State	Did you Graduate? Yes _____ No _____	
		Type of Degree or Diploma and Major Course of Study:	Cumulative Grade Average:

ADDITIONAL INFORMATION

Indicate relevant skills, training or experience acquired:		
List any machines/ equipment you can operate:		
Have you ever been discharged by a previous employer or resigned after being told your performance was unsatisfactory? Yes ___No___. If yes, please explain:		
Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain: <div style="text-align: center; font-size: small;">(A conviction will not necessarily prohibit volunteering; factors such as time since the offense was committed, seriousness/nature of the crime and rehabilitation will be taken into consideration.)</div>		
Have you ever been convicted of any of the following offences:		
(a)	crimes relating to the delivery of service under Medicare or Medicaid?	Yes _____ No _____
(b)	crimes relating to the abuse or neglect of patients in connection with the delivery of healthcare?	Yes _____ No _____
(c)	crimes involving fraud, theft, embezzlement, breach of fiduciary responsibility or other financial care or involving any act or omission in a program financed in whole or in part by any federal, state, or local government?	Yes _____ No _____
(d)	obstruction of justice?	Yes _____ No _____
(e)	crimes relating to the manufacture, distribution, prescription or dispensing of any controlled substance?	Yes _____ No _____
If you answered yes to any of the above, please explain:		

LICENSURE

(If you have attained a professional license or certification, please complete section below)

Type of License or Certification:	
State Number (if applicable):	Expiration Date:
1. Are there any present reprimands, conditions, or restrictions placed upon your license?	Yes ____ No ____
2. Has your license to practice your profession ever been limited, suspended or revoked?	Yes ____ No ____
3. Have you ever been or are you currently under investigation, or involved in any proceeding involving your practice, before any state licensing board?	Yes ____ No ____
If you answered yes to any of the above, please explain:	

TIMES AVAILABLE: (Check all that apply)

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
 Friday: _____ Saturday: _____ Sunday: _____ Holidays: _____
 1X weekly: _____ 2X weekly: _____ More than 2X: _____ Monthly: _____ Special Events: _____

Reason why you would like to volunteer: _____

Check any special interests you are willing to share with our residents:

Travel: _____ Music: _____ Crafts: _____ Reading: _____ Sports: _____ Cards: _____
 Other: _____

Do you prefer: Group Setting: _____ Individual Setting: _____ Both: _____

REFERENCES

NAME	ADDRESS	TELEPHONE	OCCUPATION

This facility does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the activity required. No question on this application is intended to secure information to be used for such discrimination.

I certify that the information on this application is true and complete, and I understand that false statements, as well as omissions of information will be considered grounds for immediate termination, I hereby authorize Hughes Health and Rehabilitation or its authorized representative to contact all of my references for full information and to make a thorough investigation of my past employment and activities. I hereby release from all liability of responsibility all persons, companies, or corporations supplying such information.

_____ Applicant's Signature
 Date:

DO NOT WRITE ON THIS PAGE

Interview (Yes or NO) _____ Date _____ Hour _____

Result of Interview _____

Interviewed by _____

Approved by _____

Additional Remarks: _____
