



Thank you for your interest in joining the Seasons Hospice Volunteer Team!

We take great pride in our volunteer corps, training and doing background checks the same as we do for staff. Please send back the enclosed application and the requested copies of personal identification. Then, follow up with the required TB tests. You are steps closer to being a Hospice Volunteer!

1. Volunteer Application
2. "What You Need to Volunteer At Seasons" Form
3. Candidate Release Authorization
4. Proof of Auto Insurance OR Signed Non-Driving Contract
5. Copy of Driver's License
6. Copy of Passport or Copy of Social Security Card
7. 2 Reference Letters
8. 2 TB Tests

Send to Melissa Trinci, Director of Volunteer Services, at MTrinci@Seasons.org
or

Seasons Hospice, 21 Church Street, Naugatuck, CT 06770

Call (203-574-6000) or email with any questions!



TB Screening for Volunteers

In order to comply with Federal and State Regulations, TB screening must be completed. All volunteers must provide proof that they have had a negative TB screening.

Seasons Hospice requires 2 TB tests if you are volunteering directly with patients. The two step process eliminates the need for a yearly TB screening unless you are exposed to the virus.

The 2 TB tests can be done by your own clinician

OR

Schedule An Appointment for TB tests paid for by Seasons:

Occupational Health

**Saint Mary's Occupational Health and Diagnostic Center
146 Highland Avenue
Waterbury, CT 06708
(203) 709-3740 – Vicki Whedbee
Monday – Friday 8:00 am to 6:30 pm**

When you are scheduling your appointment, please keep in mind that you will need to have it read 48 hours after administration.

Initial Volunteer Application

If you have already filled out this form for our Volunteer Department, please feel free to omit it from the application packet.

Name:

1. Where and how did you hear about Seasons Hospice?
2. Why are you interested in volunteering with hospice?
3. Where have you volunteered before? What did you like about it?
4. What do you feel you have to offer our patients and their families?
5. Have you ever experienced an important loss? If so, how long ago did this occur?
6. In what geographic area would you be able to volunteer? Would you drive or take public transportation?
7. Are you able to make a commitment to volunteer for at least one year?



Seasons Hospice & Palliative Care

21 Church Street
Naugatuck, CT 06770
203-632-5356

Honoring Life ~ Offering Hope



WHAT YOU NEED TO VOLUNTEER OR INTERN AT SEASONS

Welcome, we're pleased you are interested in Seasons Hospice & Palliative Care. Following are some of the items you may be required to provide if you are offered employment, work as a Volunteer or as an Intern at Seasons Hospice & Palliative Care.

A valid driver's license

Our worker's compensation carrier and General Liability Insurance carrier require that a driving record check be done on all employees, volunteers, interns who drive as part of their job. The requirements are :

No more than three moving violations or more than one chargeable accident during the past 36 months, AND

No major convictions (driving under the influence of alcohol or drugs, reckless driving, etc.) within the past seven (7) years, AND

No license suspensions or revocations within the past seven years.

Continued volunteering will be based on the results of this check. This driving record check will be performed annually for all employees who drive as part of their regular duties.

Proof of current auto liability insurance meeting at least the state's minimum requirements. Please provide a copy of your policy with the expiration date on it. NOTE: if you are not driving to participate in Seasons Hospice volunteering, then you will not need to provide this information.

A form of valid identification such as a social security card, birth certificate, U.S. Passport.

Proof of negative TB screening or chest xray

A criminal background check through either your state police, or other records depending on state regulations. This check may include fingerprinting depending on the regulations of your state. Continued employment will be based on the outcome of that check. This will also apply to any Volunteers, Interns who have access to PHI.

Please sign below that you, as an applicant have been informed of these requirements.

Signature

Date

SEASONS HOSPICE & PALLIATIVE CARE VOLUNTEER PROFILE



Please tell us about you!

Name: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

How do we best contact you?

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email Address: _____

Has anyone close to you died within the last twelve months? (circle one) Yes No

If yes, please explain: _____

Do you have any history of criminal conviction? (circle one) Yes No

If yes, list offense(s) and date(s): _____

May we have permission to do a background check? (circle one) Yes No

Social Security #: _____ - _____ - _____ Birth Date: _____ / _____ / _____

Other Names Used? _____

(Volunteers must possess an untarnished criminal background. Volunteers convicted of a disqualifying offense may not participate in the Direct Patient Care Program. Criminal background checks will be obtained in accordance with state requirements and regulations.)

Skills and Education:

List experiences or education that would be helpful to you in hospice, ie: schools, skills, crafts or hobbies:

Do you speak another language? If yes, please list: _____

Driver Information: Driving is NOT required to volunteer if you sign a Non-Driving Acknowledgement

Do you drive (and have a valid license) ? (circle one) Yes No

Driver's License #: _____ Expiration date: _____

Insurance Company: _____ Expiration date: _____

(To participate in our program, volunteers must not have more than 3 moving violations in the past 36 months, a DUI, or reckless driving charges on the Annual Motor Vehicle Record Check.)

Areas of Interest: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Community Events |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Office Projects |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Pet Team |
| <input type="checkbox"/> Music Companion | <input type="checkbox"/> Spiritual Presence |

Other? _____

What is the best mode of communication for you?

Email Phone Mail

In what towns would you most like to volunteer?

Personal Information:

How did you hear about Seasons Hospice & Palliative Care?

Why do you wish to be involved in hospice?

When are you (generally) available?

M T W Th

F Sat Sun

Mornings Afternoons Evenings

Emergency Notification:

In case of an emergency, contact (Name): _____ Phone #: _____

Signature of Applicant: _____ Date signed: _____

Seasons Hospice & Palliative Care Volunteer Program is fully committed to Equal Opportunity and Equal Consideration to all Volunteer Applicants.

SEASONS HOSPICE & PALLIATIVE CARE CONFIDENTIAL REFERENCE REQUEST



To:

Name: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone #: _____

_____ (Volunteer Name) has applied to be a volunteer with Seasons Hospice & Palliative Care. Hospice Volunteers provide companionship, emotional, and spiritual support to improve the quality of life for patients who are facing a life-limiting illness. Seasons Hospice must make every attempt to insure that the personality and aptitude of each volunteer is compatible with this goal. Your name was given as a reference. We would appreciate your taking time to complete the information requested below. Please return the form in the enclosed self-addressed, stamped envelope. Your answers are kept strictly confidential.

In what capacity do you know the applicant? _____ Supervisor _____ Co-Worker _____ Friend _____ Other

How long have you known the applicant? _____ (months/ years)

Please rate this person in the following areas:

5 = Outstanding 4 = Very Good 3 = Good 2 = Needs Improvement 1 = Unsatisfactory

Patience	5	4	3	2	1	Ability to Listen	5	4	3	2	1
Compassion	5	4	3	2	1	Reliability	5	4	3	2	1
Maturity	5	4	3	2	1	Honesty	5	4	3	2	1
Tolerance for differing religions, cultures, or lifestyles							5	4	3	2	1

Additional Comments: _____

Reference's Signature

Date

I, _____

Applicant's Signature

Date

give permission to release any information which would be relevant to the above position for which I have applied. I release from all liability and indemnity any person, corporation, etc., supplying the information above.

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Volunteer Acknowledgement of Non-Driving Status

I understand and confirm that I am not authorized to drive for Seasons Hospice in any capacity within my volunteer role.

Printed Name of Volunteer _____

Signature of Volunteer _____

Date _____

Signature of Staff Member _____

Title _____

Date _____

DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Seasons Hospice (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reason for terminations, etc.); personal and professional reference checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, persona characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Main law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Please click here: <https://www.hireright.com/NY Article 23 A.pdf?enable url=true> for additional information about New York law, as applicable.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

