



**Return Haven Volunteer Application to:**

Volunteer Services  
4200 NW 90<sup>th</sup> Blvd  
Gainesville, FL 32606

## Volunteer Application

Thank you for your interest in volunteering with Haven Hospice. Please complete this form by printing all information and return it to the volunteer office nearest you.

Due to state and federal regulations along with Haven Hospice's dedication to providing our patients, employees, and volunteers with a safe and comfortable environment, all individuals offered a volunteer position at Haven Hospice are required to successfully complete our volunteer screening process, which consists of a criminal background check, position related physical evaluation, and position related two step tuberculosis screening test.

Check the office closest to where you want to volunteer:

- Chiefland  Deland  Gainesville  Jacksonville  Lake City  Palatka  St Augustine  Orange Park  
 Bunnell  New Smyrna Beach

Last Name: \_\_\_\_\_ First Name : \_\_\_\_\_

Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Address (mailing address): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail: \_\_\_\_\_

Phone (with area code): home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

### How did you learn about our volunteer opportunities?

- Print/NewsPapers  Haven Hospice Experience (knew someone who received services)  
 TV/Radio  Community Presentation/Festival/Fair \_\_\_\_\_  
 Attic in Store Ad  Fliers/Signs Posted Where: \_\_\_\_\_  
 VolunteerMatch.com  Internet (list site): \_\_\_\_\_  
 Staff/Volunteer Referral: \_\_\_\_\_



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### **Areas of Interest**

Please indicate your areas of interest in Haven Hospice volunteer service (check as many as apply):

- Attic Resale Shop     Licensed Massage Therapy     Office Support     Veteran's Recognition  
 Patient/Family visitation\*     Pastoral Care     Pet Visits     Outreach     Transportation assistance

### **Availability**

Are you a permanent resident in this area?     No     Yes,

If no, what months are you available? \_\_\_\_\_

What hours are best for you to volunteer?     Daytime     Evening     Weekends

### **Special Skills**

Please describe any special skills, experiences, hobbies and/or interests you feel would be of special value in hospice service and that you would be willing to share:

\_\_\_\_\_  
\_\_\_\_\_

### **Employment**

Retired?     No     Yes

Employer: \_\_\_\_\_     Full-time     Part-time

Current job title: \_\_\_\_\_

### **Education**

Are you a student?     No     Yes, indicate where: \_\_\_\_\_    Field of study: \_\_\_\_\_

**Recent Loss:** Have you experienced the death of anyone close to you in the past twelve (12) months?     No     Yes  
If yes, please elaborate:

\_\_\_\_\_  
\_\_\_\_\_



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### **References**

Haven Hospice requires **THREE** references for each volunteer. Please provide all the requested information for three persons we may contact. **Please do NOT list relatives.** Let your references know we will be calling in the next few weeks.

#### **Reference 1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

#### **Reference 2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

#### **Reference 3:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

I give Haven Hospice permission to contact my references and begin a personal background check on me using the information provided.

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Volunteer Signature

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Date

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**Hospice of North Central Florida, d.b.a, Haven Hospice** may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (driving records), verification or your education, employment history, Social Security Number verification, licensing and certification checks, and military service history. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of “consumer report” and/or an “investigative consumer report” obtained with regard to applicants for employment in an investigation into your education and/or employment history conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-722-3343, [www.edgeinformation.com](http://www.edgeinformation.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Hospice of North Central Florida, d.b.a, Haven Hospice** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. Information regarding Edge Information Management, Incorporated’s privacy practices can be viewed at [www.edgeinformation.com](http://www.edgeinformation.com).

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ACKNOWLEDGMENT/AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Hospice of North Central Florida, d.b.a, Haven Hospice** at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Edge Information Management, Incorporated, another outside organization acting on behalf of **Hospice of North Central Florida, d.b.a, Haven Hospice**, and/or **Hospice of North Central Florida, d.b.a, Haven Hospice** itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

**California Applicants or Employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or employment credit report if one is obtained by **Hospice of North Central Florida, d.b.a, Haven Hospice** at no charge whenever you have a right to receive such a copy under California law.

**Minnesota and Oklahoma Applicants or Employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by **Hospice of North Central Florida, d.b.a, Haven Hospice**.

**New York Applicants or Employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Hospice of North Central Florida, d.b.a, Haven Hospice by contacting the consumer reporting agency identified above directly.

**I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law. READ, ACKNOWLEDGED AND AUTHORIZED – I authorize Edge Information to contact me at \_\_\_\_\_ for clarification of any information provided.** Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Hospice of North Central Florida, d.b.a, Haven Hospice**

NOTE: I am providing the following voluntarily.

**PLEASE PRINT CLEARLY**

**NAME** \_\_\_\_\_  
First Middle (Full) Last Other Names Known By

**SOCIAL SECURITY #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DATE OF BIRTH (for ID purposes only)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MO DAY YR

**SEX** \_\_\_\_\_ **RACE** \_\_\_\_\_ **DRIVER'S LICENSE #** \_\_\_\_\_ **STATE** \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

## Hospice of North Central Florida, d.b.a, Haven Hospice

Effective August 1, 2010, changes to section 408.809 and Chapter 435, Florida Statutes requires that all healthcare workers (including volunteers) are required to have a Level 2 Background Screen administered by the Florida Agency for Health Care Administration. The following information is required to register an applicant for a Level 2 Background Screen.

\*Date of Birth: \_\_\_\_\_ \*State of Birth: \_\_\_\_\_ \*If not USA, what Country: \_\_\_\_\_

\*Eye Color: \_\_\_\_\_ \*Hair Color: \_\_\_\_\_ \*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_ \*Sex: \_\_\_ Female \_\_\_ Male

\*Race: \_\_\_ Black \_\_\_ Asian/Pacific Islander \_\_\_ White/Latino \_\_\_ Am. Indian/Alaskan Native \_\_\_ Unknown

\*NOTE: Information requested above is required for identification purposes only and is in no manner used as qualification for volunteering. Haven Hospice is an Equal Opportunity Employer and does not discriminate on the basis of gender, race, religion, age, impairment, or ethnicity. *This information is kept confidential and is not shared with anyone outside the volunteer services department.*

**NOTICE REGARDING BACKGROUND INVESTIGATION  
PURSUANT TO CALIFORNIA LAW**

**Hospice of North Central Florida, d.b.a, Haven Hospice** intends to obtain information about you from an investigative consumer reporting agency and/or consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as the term is defined under California law) and any employment credit report will be **Edge Information Management, Incorporated, Post Office Box 3378, Florida 32902, 1-800-725-3343**.

**Hospice of North Central Florida, d.b.a, Haven Hospice** agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is repaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

**For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written



consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590	
4. Creditors Subject to Surface Transportation Board Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423	
5. Creditors Subject to Packers and Stockyards Act Nearest Packers and Stockyards Administration area supervisor	
6. Small Business Investment Companies Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416	
7. Brokers and Dealers Securities and Exchange Commission 100 F St NE Washington, DC 20549	
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090	
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580	