



## Background Screen For Volunteers

I, \_\_\_\_\_ hereby authorize Haven Hospice and/or its agents to make an independent investigation of my background references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering.

I release Haven Hospice and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

**NAME: (Please print clearly)**

Last	First	Middle	Maiden
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Other Names Used \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Gender:     Female     Male

\*Social Security Number: \_\_\_\_\_

\*Race:     African-American     Asian     Caucasian     Hispanic     Native American     Other

Driver's License Number	Issuing State	Expiration Date
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**\*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. *If addresses listed are outside the state of Florida, we must have your Social Security number in order to process the background check.*

<b>CURRENT ADDRESS</b>	
From Date:	To Date:
Street	
City	County
State	Zip
<b>FORMER ADDRESS</b>	
From Date:	To Date:
Street	
City	County
State	Zip

*Please continue on Page 2*

NAME: \_\_\_\_\_

*Please list all addresses where you've lived during the past 10 years, include dates (continue list on back if necessary).*

<b>FORMER ADDRESS</b>	
From Date:	To Date:
Street	
City	County
State	Zip
<b>FORMER ADDRESS</b>	
From Date:	To Date:
Street	
City	County
State	Zip
<b>FORMER ADDRESS</b>	
From Date:	To Date:
Street	
City	County
State	Zip
<b>FORMER ADDRESS</b>	
From Date:	To Date:
Street	
City	County
State	Zip

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*If applicant is under the age of 18 a parent or guardian must co-sign this application.*

\_\_\_\_\_  
*Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Volunteer Staff**

\_\_\_\_\_  
**Team**

\_\_\_\_\_  
**Date**

Volunteer is applying for:	<input type="checkbox"/> Patient Care	<input type="checkbox"/> Non-Patient Care
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