VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

SSN (for background check purposes): _____

ADDRESS (dating back 7 years)

Address: _____
City: _____ State:_____ Zip Code: _____
County: _____

Address: _____
City: _____ State:_____ Zip Code: _____
County: _____

Address: _____
City: _____ State:_____ Zip Code: _____
County: _____

Home Phone: _____ Cell: _____
Email: _____

Are you currently a volunteer at a Franciscan Health Care Facility? YES ☐ NO ☐

EMERGENCY CONTACT INFORMATION:
Full Name_____
Address: _____
Phone Number: _____

Describe any health condition that you have that could potentially impede your ability to serve as a volunteer guardian:

_____
_____
_____

Please describe any limitation that could interfere with your volunteer efforts:

_____

_____

_____

Name(s) of community, religious organizations, or clubs you hold membership in:

_____

_____

_____

Current or past offices held:

_____

_____

_____

Do you have a valid driver's license? YES ☐ NO ☐
Driver's License #: _____

Do you have a car available to you? YES ☐ NO ☐
Auto Insurance Company: _____
Auto Insurance Co. Policy #: _____

VOLUNTEER HISTORY

Volunteer Program Name: _____
Dates of Service: _____
Full Address: _____
Phone #: _____
Description: _____

_____

_____

_____

Previous Volunteer Program_____
Dates of Service: _____
Full Address: _____
Job Description: _____

_____

_____

_____

Other Educational / Training Programs Completed:

_____

_____

_____

Do you have training and/or work experience in any of the following areas?

Education _____ Geriatric Care_____ Law Enforcement_____ Social Work_____
Health Care_____ Mental Health_____ News Media_____ Psychology_____
Writing_____ Other: _____

Do you speak Spanish or other foreign language? YES ☐ NO ☐
If yes, please list: _____

LEGAL HISTORY

Have you ever been arrested, indicted, or charged with a misdemeanor or criminal offense?
YES ☐ NO ☐

If yes, please explain: _____
_____
_____

Have you ever been convicted of a misdemeanor or criminal offense?
YES ☐ NO ☐

If yes, please explain: _____
_____
_____

Have you ever been charged or convicted of a DUI or reckless driving traffic offense?
YES ☐ NO ☐

If yes, please explain: _____
_____

Have you ever been involved as a party in a probate court case?
YES ☐ NO ☐

If yes, please explain: _____
_____
_____

Have you ever been the subject of a child abuse, domestic violence, or adult protective services investigation?
YES ☐ NO ☐

If yes, please explain: _____
_____
_____

MOTIVATION AND LIFE HISTORY INFORMATION

Please answer the following questions on a separate sheet of paper:

1. Write a short summary about your interest in volunteering and what led to your decision to apply for a volunteer position in the VASIA Program.
2. Please write a one-page autobiography.

PERSONAL REFERENCES

The VASIA Program requires three personal or professional references to complete the Volunteer Application. Please print the names, addresses, zip codes and telephone numbers of three people who have known you for a minimum of two years. Please do not include relatives.

Name/Relationship: _____
Address/Zip Code:_____
Daytime phone number: _____
Length of acquaintance: _____

Name/Relationship: _____
Address/Zip Code: _____
Daytime phone number: _____
Length of acquaintance: _____

Name/Relationship: _____
Address/Zip Code: _____
Daytime phone number: _____
Length of acquaintance: _____

AFFIRMATION AND ACCEPTANCE

I, _____, hereby affirm that all the answers on the above Volunteer Application for the Volunteer Advocates for Seniors and Incapacitated Adults Program are true to the best of my knowledge. I hereby authorize the Volunteer Advocates for Seniors and Incapacitated Adults Program and Franciscan Health to investigate my background in the determining my potential as a Volunteer Guardianship agent. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a volunteer.

Furthermore, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Volunteer Advocates for Seniors and Incapacitated Adults Program as soon as possible.

I am aware of the sensitive and confidential nature of the official documents, reports and other materials I will examine in my capacity as a Volunteer Guardianship agent. I promise that I shall hold all pertinent information in strict confidence. I will only discuss the contents of these materials with those persons who are parties to the case and their legal representatives or with persons of organizations that may be consulted for professional knowledge or expertise. I will not remove any written records from the Volunteer Advocates for Seniors and Incapacitated Adults Program office without expressed permission.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this statement.

Signature: _____ Date: _____

<u>Return completed form to:</u>

Volunteer Advocates for Seniors and Incapacitated Adults Program
Franciscan Health Dyer
2150 Gettler Street - SUITE 200
Dyer, IN. 46311
(219) 407-6762 Office
(219) 933-7932 Fax