



The Humble Hare Volunteer Application

V04 01.2024

Name: _____
 Last First Middle

Street and/or Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ E-Mail Address: _____

Allergies: _____

Faith Community (optional): _____

Highest level of education completed: _____

Have you experienced the death of a family member or close friend in the past year? Yes NO

How did you hear about our Volunteer Program? _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Family Physician & Phone Number: _____

History of Volunteer Experiences			
Organization	From: (Mo/Yr)	To: (Mo/Yr)	Position/Description of Role
Employment Experiences			
Organization	From: (Mo/Yr)	To: (Mo/Yr)	Position/Description of Role

Are you a Veteran? If so, what branch of the military? _____

Please estimate how much time you are able to give per week: _____

References: Please list Two References

Name:	Address:	Occupation:	Telephone Number:
Reference 1			
Reference 2			

Why do you want to become a Hospice Volunteer at The Humble Hare?

I signify that all information listed in this application is true and correct to the best of my knowledge:

Applicant's Signature: _____ Date: _____

For Office Use Only		
Interview Conducted:	<input type="checkbox"/> Face to Face	<input type="checkbox"/> Telephone
Date:	Time:	Signature:
Reference Checks (Please date and initial):		
Reference 1:		
Date:	Initials:	
Reference 2:		
Date:	Initials:	

Authorization

Authorization: By signing below, you authorize: (a) Unique Background Solutions to request information about you from any public or private information source; (b) anyone to provide information about you to Unique Background Solutions; (c) Unique Background Solutions to provide us, **Mountain Valley**, one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment, volunteering or other business purpose. Unique Background Solutions may investigate your criminal record, address history, social security number validity, **criminal background** record, driving record and any other information with public or private information sources. This authorization may also include consenting for drug testing. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

Personal Information: Please print the information requested below to identify yourself for Unique Background Solutions.

Printed Name: _____
 First Middle (none) Last

Other names used: _____

Current and former addresses:

From: Mo/Yr	To: Mo/Yr	Street	City, State & Zip
	Current		

Some government agencies and other information sources require the following information when checking for records. Unique Background Solutions will not use it for any other purposes.

_____ Date of Birth

_____ Social Security Number

_____ Driver's License Number & State

_____ Name as it appears on License

_____ Email Address

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box:

_____ Signature

_____ Date

Disclosure

We, Mountain Valley, will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports may include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is Unique Background Solutions. Their address is 958 North Main St. Mount Airy, NC 27030. Their website is www.uniquebackground.com, where you can find information about Unique Background Solutions privacy practices.

To prepare the reports, Unique Background Solutions may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that Unique Background Solutions provides and their files about you (by email, by mail, or by phone) by providing identification to Unique Background Solutions. If you do, Unique Background Solutions will provide you help to understand the files, including trained personnel and an explanation of any codes.

If Unique Background Solutions obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed Name



Employee Volunteer Media Release

M02.07.2023

Volunteer Name _____

I do not give my permission for Mountain Valley Hospice to use any of the below for educational, fundraising, marketing and/or outreach activities

I do give my permission for Mountain Valley Hospice to use any of the below checked boxes

my name

my story/letter/article my

photo

my video

other (list): _____

for educational, fundraising, marketing and/or outreach activities, and understand that these activities may involve the creation of material to be distributed, displayed, or sold to the general public. Other uses may include distribution in newspapers, magazines, or any other type of promotional advertisements.

I understand that the information disclosed under this authorization may be subject to be re-disclosed and no longer protected by the federal privacy regulations. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my status as an employee, volunteer, or eligibility for benefits.

I also understand that if I refuse consent, that I still have to be photographed to produce a photo ID for the agency. I understand that images are the property of MVHPC.

Finally, I understand that I may revoke this authorization in writing at any time by sending a written notification to MVHPC's marketing department stating my revocation, except to the extent that action has been taken in reliance on this authorization. Unless revoked by me, this authorization does not expire. Mountain Valley Hospice will maintain a database of revocations.

Employee/Volunteer Signature

Date

MVHPC Representative Signature

Date