



# Application for Volunteering

This Volunteer Program is operated by Professional Health Care

## OFFICE USE ONLY

Date Received: \_\_\_\_\_

Interview:  Yes  No

Date Contacted: \_\_\_\_\_

Supervisor's Initials: \_\_\_\_\_

### Personal Information:

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Best time to be Contacted: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Position of Interest:

Patient/Family Support  Administrative Support  Bereavement Support  Heirlooms for Hospice

Do you have a current valid Driver's License? (YES or NO) DL# \_\_\_\_\_

Are you covered by Auto Liability? (YES or NO) Insurance Carrier: \_\_\_\_\_

Have you ever been fired from a position?

If yes, please explain:

Have you ever been convicted of a crime, excluding minor traffic offenses?

If yes, please explain:

Has your professional license, if applicable, ever been revoked?

If yes, please explain:

Do you have any physical or medical restrictions which might prevent you from performing certain activities?

If yes, please describe:

### Emergency Contact Information:

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

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Education/ Special Training Information:

Please list any experiences, special skills, qualifications, second languages, passions, interests, or hobbies (anything helpful for volunteering):


**Work History:**

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Personal References:**

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

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone #: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Telephone Book       Professional Health Care Website       Signs       Family/Friend

\_\_\_\_\_  Other: \_\_\_\_\_

I, hereby state the above information is true to the best of my knowledge. I agree to comply with all rules and regulations of Professional Health Care, and authorize anyone to give this company any credit information concerning me. I also authorize my former employers to give any information that they have regarding me, whether or not it is on their records. I hereby release them and Professional Health Care from all liability for any damage whatsoever for issuing same. If upon investigation, anything in this application is found to be untrue, I understand I will be subject to dismissal.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE OF HIRE

## PROFESSIONAL HEALTH CARE

### **CRIMINAL HISTORY RELEASE FORM**

By execution of this document, I acknowledge that I have been informed by **PROFESSIONAL HEALTH CARE** that a criminal history check, Employee Misconduct Registry check and Nurse Aide Registry check will be performed on my name. I have informed this agency of all names, (i.e. aliases) that I have used in the past. I understand that I have been employed on an emergency basis and that my employment is temporary or interim pending the results of the criminal history check. I understand if I am listed in the EMR, NAR or OIG, I will not be employed by **PHC**. Pursuant to Senate Bill 1245, House Gill 1481m, and subsequent changes, made of the Texas Health and Safety Code Chapter 250, home health agencies must obtain criminal history checks for their unlicensed personnel.

All unlicensed facility applicants for employment must have a criminal history check upon hire and annually thereafter. Nurses aides and medication aides are not licensed and are therefore subject to criminal history check requirements.

A PERSON CONVICTED OF AN OFFENSE LISTED IN THIS SECTION MAY NOT BE EMPLOYED IN A POSITION THE DUTIES OF WHICH INVOLVE DIRECT CONTACT WITH CONSUMER:

#### Subsection 12

- a. an offense under Chapter 19, Penal Code (criminal homicide);
- b. an offense under Chapter 20, Penal Code (kidnapping and false imprisonment);
- c. an offense under Chapter 21.11, Penal Code (indecency with a child);
- d. an offense under Chapter 22.02, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony.
- e. an offense under Chapter 22.011, Penal Code (sexual assault);
- f. an offense under Chapter 22.02, Penal Code (aggravated assault);
- g. an offense under Chapter 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- h. an offense under Chapter 22.041, Penal Code (abandoning or endangering child);
- i. an offense under Chapter 22.08, Penal Code (aiding ~ suicide);
- j. an offense under Chapter 25.031, Penal Code (agreement to abduct from custody);
- k. an offense under Chapter 25.08, Penal Code (sale or purchase of a child);
- l. an offense under Chapter 28.02, Penal Code (arson);
- m. an offense under Chapter 29.02, Penal Code (robbery);
- n. an offense under Chapter 29.03, Penal Code (aggravated robbery);
- o. an offense that the facility determines to be a contraindication to employment with the consumer of the Agency series.
- p. an offense under Chapter 30.02, Penal Code (burglary);
- q. an offense under Chapter 31, Penal Code (theft); that is punishable as a felony
- r. an offense under Chapter 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or as a felony; or
- s. an offense under 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony.

For purpose of this section a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5(c) Article 42.12, Code of Criminal Procedure, receiving full restoration of his/her Civil Rights, is not considered convicted of the offense. Persons charged for an offense listed in this section, and having received conviction at the end of deferred adjudication community supervision, receiving a criminal conviction, will not be eligible for employment until after the fifth anniversary of the conviction date

#### Subsection 13

13. IN ADDITION TO THE OFFENSES LISTED ABOVE AN EMPLOYEE WILL FACE IMMEDIATE DISCHARGE IF THE AGENCY IS INFORMED OF ANY OF THE FOLLOWING:
  - a. If the person has convictions under the laws of another state, federal law, or Uniform Code of Military Justice for any offenses substantially similar to those listed above.
  - b. If the person is deemed unemployable as a result of finds of the EMR and NAR search.
  - c. An offense under Chapter 32, Penal Code (fraud), that is punishable as a Class A misdemeanor or felony

House Bill 8 and Senate Bill 199 (80<sup>th</sup> Regular Session), which were signed into law by the governor on June 15, 2007, contained provisions adding new convictions to Section 250.006 of Health and Safety Code. Senate Bill 199 also added new Subsection 250.006(d), which clarifies that a person who is placed on deferred adjudication community supervision for an offense listed in Section 250.006 is not considered convicted of the offense.

Section 1.17 of House Bill 8 amended Chapter 21 of the Penal Code, creating an offense at Section 21.02, continuous sexual abuse of young child or children.

Section 3.44 of House Bill 8 amended Section 250.006(a) of the Health and Safety Code, adding the new, above-described offense to Section 250.006(a)(3).

Per Section 4.01(a) of House Bill 8, the provision of 250.006(a) regarding prohibition of employment will apply to offenses under Section 21.02 of the Penal Code committed on or after September 1, 2007. Offenses under Section 21.02 of the Penal Code that result in conviction prohibit employment of the offender.

Section 1 of Senate Bill 199 amended Section 250.006(a) of the Health and Safety Code, adding the following offenses:

- Section 21.08, Penal Code (indecent exposure),
- Section 21.12, Penal Code (improper relationship between educator and student),
- Section 21.15, Penal Code (improper photography or visual recording),
- Section 22.05, Penal Code (deadly conduct),
- Section 22.021, Penal Code (aggravated sexual assault),
- Section 22.07, Penal Code (terroristic threat),
- Section 33.021, Penal Code (online solicitation of a minor),
- Section 34.02, Penal Code (money laundering),
- Section 35A.02, Penal Code (Medicaid fraud), and
- Section 42.09, Penal Code (cruelty to animals).

Section 1 of Senate Bill 199 amended Section 250.006(b) of the Health and Safety Code, adding the following offenses:

- Section 37.12, Penal Code (false identification as peace officer) and
- Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).

Effective September 1, 2007, existing convictions and new convictions for the offenses added by Senate Bill 199 constitute barriers to employment in facilities and agencies subject to Health and Safety Code Chapter 250. Effective September 1, 2010, criminal histories will be run on all unlicensed personnel annually.

If after my date of hire, Professional Health Care becomes aware of a subsequent finding or conviction, PHC will immediately terminate my employment (designated in EMR, NAR, OIG, or a conviction listed above as barring employment)

I understand that any information obtained by this agency regarding the criminal history check will remain confidential.

I certify that I have not been convicted of any of these crimes, nor are there any pending charges against me.

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHC REPRESENTATIVE

\_\_\_\_\_  
DATE