

My name is Sharon Baugus. I am the Volunteer Coordinator with the Crystal Coast Hospice House. We would love to have you join our family.

I am attaching an application, 4 pages, which includes the paperwork for a Background Check. Once receive your application I will:

~send your Background check to our Corporate Office. If you have lived in NC less that 5 consecutive years, you will be asked to have fingerprints done. If this is necessary, you can come by our facility and I will supply the paperwork for you to get these done.

~Once I receive a go ahead from Corporate, I will get you to come in for an interview/screening

~We will then schedule our training session. You will complete this training online.

~ Once the training is completed we will give you a Two-Step PPD or TB test and THEN you will be

#### READY TO GO

We have two areas of Volunteering: one is Direct Patient Care- you go into the room to provide companionship to the patients/families and the second is Indirect Care- this could be filing papers, answering the phone, writing Thank You and Sympathy Cards, etc. The choice is yours.

We do ask that you try to give us two hours per week of your time. Medicare regulations dictate that we have 5% Volunteer hours to match our paid staff hours per month.

I hope all this does not overwhelm you. I think you will find this experience very rewarding, personally.

**I am attaching the Application and the paperwork**

Sharon Baugus - Volunteer Coordinator

Crystal Coast Hospice House

sbaugus2@3hc.org

ph# 252-514-8902

**"Do Not Count the Days;**

**Make the Days Count"**



Office: CCHH  
Phone: 252-514-5867

**Mail completed Application to:**  
Crystal Coast Hospice House  
ATTN: Volunteer Coordinator  
100 Big Rock Weigh  
Newport, NC 28570  
**Or Email to:**  
sbangusz@3hc.org

The following information will help us to better understand your skills and interests and will assist us in making our volunteer assignments.

Date of Application: \_\_\_/\_\_\_/\_\_\_  
Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last, First, Middle Initial)  
Present Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street, City, State)  
Telephone Number: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_  
Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Working Hours: \_\_\_\_\_

Briefly Describe Type of Work You Do: \_\_\_\_\_

Time/day during the week you will be available for hospice training: \_\_\_\_\_

Total number of hours/days and time per week you would be available for hospice volunteering: \_\_\_\_\_

Daytime  Evenings  Weekends  Other: \_\_\_\_\_

How did you hear about Hospice? \_\_\_\_\_

Why do you wish to be involved in Hospice? \_\_\_\_\_

Have you done any volunteer work? If so, please specify: \_\_\_\_\_

Have you had experience with terminally ill?  Yes  No If yes, explain: \_\_\_\_\_

Has someone close to you recently died?  Yes  No If yes, explain: \_\_\_\_\_

Do you speak any foreign language(s)?  Yes  No

If yes, specify language(s): \_\_\_\_\_

Do you have health related problems or physical limitations?  Yes  No

If yes, explain: \_\_\_\_\_

Please check areas of interest:

Patient/Family Services:

- Relieve Primary Caregiver
- Meal Preparation
- Write Letters
- Homemaking Chores
- Feeding
- Bereavement
- Home Repair and Other Services

Other Interests:

- Hospice Office Work
- Fundraising
- Scrapbooking

Please list other areas of interest in which you are skilled or would like to volunteer for:

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

Have you ever been convicted of a crime or felony?  Yes  No if yes, explain \_\_\_\_\_

Please list two personal references: (should not include relatives, prefer clergy or former employers)

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____

In Case of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**CERTIFICATION**  
**(Please read before signing)**

*I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, the investigation of any criminal records, and release all parties from all liability for any damage that may result from furnishing same to you.*

Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_



**Acknowledgement and Authorization**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT AND REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and investigative reports" at any time after receipt of this authorization and, if I am contacted for employment, throughout the term of my contract. I hereby authorize, without reservation, any law enforcement agency, administrative, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the company. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy of this authorization shall be valid as the original.

I agree to receive all communications regarding any consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via email at your designated email address.

Oklahoma, Maine, Minnesota and California applicants may obtain this consumer report by checking this line.

California applicants only: For consumer reports, which were not obtained by a consumer reporting agency, by checking this line you waive the right to obtain a copy of this report. If unchecked, you will receive this report within seven (7) days of the employer receiving it.

California only: for reports obtained by Southeastern Background Services LLC, California applicants also may review the file Southeastern Background Services LLC maintains on you during normal business hours, upon submitting proper I.D and paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others.

**Applicant:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Email \_\_\_\_\_

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

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Address \_\_\_\_\_



**Notice Regarding Background Investigation**

Please read Carefully Before Signing Acknowledgement In conjunction with your application for employment, the company may obtain information about you from Southeastern Background Services LLC, a Consumer Reporting agency (CRA). Thus, you may be subject to "consumer reports" and "investigative reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as neighbors, friends, or associates. Reports may also contain public records (including criminal records), eviction records, driving history information, consumer credit, employment and education verification, etc. These reports may be obtained at any time after receipt of your authorization and throughout the term of any employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative report.

**Applicant / Employee:**

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_