



Non-Compensated Workforce Member Application

(Student, Intern, Volunteer)

Date _____

Name: (last, first, Middle)	Home Phone: ()
Address:	Work Phone: ()
City: Zip:	Cell Phone: ()
Email Address:	Date of Birth:
Driver's License Number:	State:
Maiden name/other names used:	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you worked in any capacity for either Avamere or Signature?

Yes No If yes, please explain:

How did you learn of this opportunity?

Referred by _____ Newspaper ad: _____ Event: _____
(e.g., Conference, In-Service Presentation
Career/Volunteer Fair, etc.)

Website: _____ Flyer (location): _____

Hours available per week: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Days of the week available: <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT
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Areas of Interest

Please list which role(s) within that you are interested in:

___ Patient Care (clinical) ___ Patient Care (non-clinical) ___ Bereavement Support ___ Office Work
___ Special Projects ___ Group/Patient Activities

Internship

If you are applying under a student internship program, please provide following:

University:

Major: _____ Year of study: _____

Professor:

Telephone: _____ Email: _____

Previous Practicum/Internships:

Volunteer Experience:

Organization:	Role/Duties:
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Organization: _____	Role/Duties: _____
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Education History:		
School	Certificate/Degree/Major	Graduate or Year of Study

Employment History			
Current/Most recent employer: _____			
Company Name	Supervisor Name	Phone #	
Dates of Employment:	Job Title:	Duties:	

Volunteer Areas of Interest:

Please circle the areas of interest and/or particular skills and talents you may have.

Patient Care

Companionship	Reading	Pet assisted visits _____			
		Type/breed of pet	certified	non-certified	
Current Events	Respite Care:	Light Housekeeping	Running Errands	Shopping	Cooking
Music: Singing/Playing Instrument _____	(instrument/type of music)				
Board Games	Cards	Chess	Cribbage	Art & Crafts	Gardening
Languages: _____	fluent	conversational	understand enough		

Special Projects

Quilting	Knitting	Sewing	Needlework	Card-making
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Administrative

Office/Clerical Work	Computer/Data Entry	Telephone/Reception	Project Development
Newsletters	Video/Presentation Production	Community Education	Public Speaking

Other Interests: _____

Signature _____	Date _____
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Avamere does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its program, services and activities, or in employment.

Please complete and return this application to the facility



**AUTHORIZATION TO OBTAIN CRIMINAL BACKGROUND (CONSUMER) REPORT
PURSUIT TO 15 U.S.C. 1681b(b)(2)(B) AND RELEASE OF INFORMATION FOR
NON-COMPENSATED WORKFORCE MEMBER
(Volunteers, Students, Interns)**

I authorize this Company, and/or a third party designee, to conduct an inquiry into my background. I understand that an inquiry may include, but is not limited to, criminal records, personal or professional references, Federal Exclusions Databases, driving record, education verification, licensure verification and any other matter related to my suitability, depending on my position. An inquiry may be made as part of the screening process as well as at any time during the course of with this company. No additional notice or authorization shall be needed for future inquiries and/or to obtain additional criminal background or driving record reports.

I hereby release this Company, its designee, my former employers and all references, from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

Third Party Designee Criminal Background Checks: If a third party designee (background check vendor) was conducted rather than a state police criminal background check, I understand that I have the right to request in writing, within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of any investigative consumer report requested by you. I further understand that if any adverse action is taken based on the information provided in any report, I have a right to receive a copy of my rights under the FCRA and a copy of any report received, with the exception of the LEDS report.

Name of the student/volunteer/intern: _____
(Please print)

Date: _____ **Date of birth:** _____ **SSN:** _____

Address: _____

Signature: _____

Please note: Date of birth is used only for background screening identification purposes only. This company recognizes and abides by the Age Discrimination in Employment Act (ADEA), as well as, state and local Equal Employment Opportunity Commission (EEOC) laws. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are over 40 years of age.

This authorization and disclosure is pursuant to the Fair Credit Report Act, 15 U.S.C. 1681b(b)(2)(B).