# Volunteer Application

Thank you for your interest in volunteering at The Wesleyan! We value your interest in helping us further our mission by providing services, engagement, and care to the residents who call The Wesleyan home.

**Please complete the attached application and authorization for release of information forms. Ensure that all information is printed clearly and that each section is fully completed and signed. Use "N/A" for any sections that do not apply to you.**

**Incomplete applications will not be considered.**

**Please note the following:**
All volunteers must complete a Volunteer Application to be considered for volunteer service at The Wesleyan. Your application will be reviewed, and a volunteer coordinator will reach out to you regarding your interest and current volunteer service availability.

The Wesleyan completes background checks on all volunteers prior to the start of their volunteer service with The Wesleyan and again annually. Consideration and continuation of volunteer opportunities with The Wesleyan is contingent upon the results of these checks.

Volunteers serving on a regular basis at The Wesleyan must be at least 18 years of age or older. Any volunteer under the age of 18 must volunteer as part of a group and be accompanied by an adult.

Volunteers must adhere to all confidentiality and HIPAA guidelines.

Volunteers are strictly prohibited from performing any services related to direct resident care and from performing any services that they are not physically, emotionally, or otherwise qualified to perform.

Volunteers must adhere to the policies, procedures, and processes of The Wesleyan.

***The Wesleyan appreciates your interest in our community's volunteer opportunities!***

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**Volunteer Profile**

Name_____ Date_____

Address_____City _____ Zip _____

Email: _____Cell Phone: _____

Date of Birth* (MM/DD/YYYY):_____ SSN#*: _____

** Required for the purpose of completing mandatory background checks prior to start of volunteering with The Wesleyan*

Please provide any prior volunteer experience you have had:

_____

_____

Please include any community activities you are currently involved in:

_____

_____

What do you hope to gain from your volunteer experience at The Wesleyan?

_____

_____

What areas or activities are you interested in helping with?

_____

_____

Have you ever volunteered for The Wesleyan before? Yes _____ No _____

If yes, please provide the dates of your volunteer service:_____

In which community did you volunteer? *(circle all that apply)* Independent Living Assisted Living

Are you at least 18 years of age? Yes ____No _____

*(Please note that if you are under the age of 18, you may not volunteer unless you are part of a volunteer group)*

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**Scheduling and Availability**

Please indicate below the day(s) of the week you are available to volunteer.

_____

Please indicate below times (morning, afternoon, evening) you are available to volunteer. If there are specific time frames that you are available, please indicate those as well:

_____

_____

How soon are you available to begin your volunteer service?

_____

**Emergency Contact Information**

Name _____ Cell Phone_____

Relationship _____

**References**

Please provide a professional, personal, and/or volunteer reference:

1. Name _____Relationship _____
   Email_____Phone_____
2. Name _____Relationship _____
   Email_____Phone_____
3. Name _____Relationship _____
   Email_____Phone_____

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**General Conditions**

I certify that the information provided is true and complete to the best of my knowledge. I authorize The Wesleyan to make such investigations and inquiries into the information provided herein, and other matters related thereto, as may be necessary. I hereby release employers, schools, and other persons, institutions, or businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during interviews may disqualify me from volunteering. I understand that misrepresentation or omission of facts in my application will be cause for cancellation of my consideration for volunteering.

I understand that The Wesleyan conducts criminal background checks and I authorize the company to conduct relevant background screenings. I further understand that consideration and continuation of volunteer opportunities is contingent on the results of these records.

I also understand that any policies and procedures implemented by The Wesleyan in the event of my volunteer opportunity are for the purposes of operations only and are not intended to be nor constitute a contract. In addition, I understand that any of these policies or procedures may be changed at any time at The Wesleyan's discretion and without notice.

Printed Name _____ Date _____

Signature_____

# DPS Computerized Criminal History (CCH) Verification
## (AGENCY COPY)

I, _____ , acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us */Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

_____
Signature of Applicant or Employee (optional)

_____
Date

Wesleyan Homes, Inc
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

**Please:**
**Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed:_____ _____ initial

Destroyed Date:_____ _____ initial

**Retain in your files**

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