



VOLUNTEER APPLICATION

Referred By: _____



PERSONAL

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Social Security #: _____
DOB: _____

Soreo verifies Social Security numbers. Soreo will also conduct a public records background check and LEIE background check.

EDUCATION

Highest Grade Completed: _____
Studies of Interest: _____
Name of the last school you attended: _____

List any Professional Affiliations: _____

Primary Language Spoken: _____
Other Languages Spoken: _____

Special Knowledge, Skills, or Qualifications: _____

EMPLOYMENT HISTORY

Employer Name: _____ Position Held: _____

Employer Name: _____ Position Held: _____

GENERAL

YES NO Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court? (A 'yes' response does not automatically disqualify your application.)

YES NO May we contact your current employer?

The above information is true and correct. I understand that, in the event of my volunteering for the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after the discovery.

I authorize the Company to inquire into my educational, professional, past employment and public criminal background history, and to contact my references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision as made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I hereby acknowledge that I have read and agree to the above statements.

Signature: _____ Date: _____



REFERENCES (required)

List 3 references. One reference must be from a former employer. The other two references must be from **non-family** members. Soreo requires the addresses and phone numbers for all references.

Name	Address	Phone
		<hr/>
		<hr/>
		<hr/>

Please fill out the top of each reference request on the following pages.

Thank you!



CONFIDENTIAL – REQUEST FOR PERSONAL REFERENCE

Please return this form to Soreo Pathways Hospice & Palliative Care located at 2475 E. Water St., Tucson, Arizona 85719 or fax to (520) 547-7002. Call (520) 547-7000 with any questions.

Date: _____

Name of Applicant: _____ (print)

I consent to have my references checked by Soreo Pathways Hospice & Palliative Care.

(signature)

SECTION TO BE COMPLETED BY PERSON VERIFYING REFERENCE INFORMATION:

Date: _____

State relationship with the above person:

How long have you known the applicant?

Personally: _____

Professionally: _____

Additional Comments:

Name: _____ (print) Date: _____

Title: _____

(signature)



CONFIDENTIAL – REQUEST FOR PROFESSIONAL REFERENCE

Please return this form to Soreo Pathways Hospice & Palliative Care located at 2475 E. Water St., Tucson, Arizona 85719 or fax to (520) 547-7002. Call (520) 547-7000 with any questions.

Date: _____

Name of Applicant: _____ (print)

I consent to have my references checked by Soreo Pathways Hospice & Palliative Care.

(signature)

SECTION TO BE COMPLETED BY PERSON VERIFYING REFERENCE INFORMATION:

Date: _____

Place of Employment & Title of Applicant: _____

Start Date: _____ End Date: _____

Overall performance of the applicant in past role(s) with your organization:

Briefly explain responsibilities and tasks required for their past job:

Additional comments:

Name: _____ (print) Date: _____

Title: _____

(signature)



CONFIDENTIAL – REQUEST FOR PROFESSIONAL REFERENCE

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Date: _____

Name of Applicant: _____ (print)

I consent to have my references checked by Soreo Pathways Hospice & Palliative Care.

(signature)

SECTION TO BE COMPLETED BY PERSON VERIFYING REFERENCE INFORMATION:

Date: _____

Place of Employment & Title of Applicant: _____

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Overall performance of the applicant in past role(s) with your organization:

Briefly explain responsibilities and tasks required for their past job:

Additional comments:

Name: _____ (print) Date: _____

Title: _____

(signature)