



Seven Days
IN-HOME CARE AGENCY

Volunteer Application

First Name: _____ Last Name: _____

Are you 18 years of age? _____ YES _____ NO Birth Date: ____/____/____

Date of Birth: ____/____/____ SS#: _____

Email Address: _____

Home Phone: _(____)_____ Mobile Phone: _(____)_____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Nursing License Number: _____ State: _____

CNA Certification #: _____ State: _____

Faith Community: *Optional* _____

Are you Bilingual? _____ YES _____ NO

What other language(s) do you speak? _____

Do you have previous volunteer experience? _____ YES _____ NO

If so, briefly explain. _____

Describe any talent, skills, certifications, or professional training that would benefit 7D's.

If you are a college student, what is your major? _____

How did you first learn about our agency and/or who referred you? _____

Describe how you could help by volunteering in assisting the disabled/elderly.

What motivated you to reach out and get involved with 7D's? _____

Emergency Contact Name / Relationship: _____

Emergency Address: _____

Home Phone: _(____)_____ Mobile Phone: _(____)_____

Please indicate your area(s) of interest: _____

**Education & Awareness positions require training and shadowing.*

****Direct Client Care positions require background checks, references, additional paperwork, and an interview so we can get to know you.**

- Administration
- Care Plan Team: RN, LPN, CNA, PCA, FD, etc.
- Champion of Supporter - "I'm ready to commit to monthly donations!"
- Education Administrator
- Education Team (*public speaking, will train on subject matter*)
- Fundraising
- Grant Researcher and/or Writer
- Marketing - Represent 7D's at Outreach Events
- Social Media Coordinator
- Volunteer Coordinator
- OTHER / Please explain: _____

What is your availability (*weekly, monthly, quarterly, etc.*) now and for the foreseeable future?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available Hours	Available Hours	Available Hours	Available Hours	Available Hours	Available Hours	Available Hours

Allergies? Physical limitations that may affect how you are able to volunteer? _____

Is there anything more you would like to tell us about yourself? _____

CRIMINAL HISTORY

These questions are supplemental to the required background check.

I am not the subject of a criminal investigation.

_____ True _____ False

I do not have criminal charges pending against me.

_____ True _____ False

I have never been convicted of any criminal offense (*felony or Class A or B misdemeanor*) involving a juvenile/child or the direct endangerment of a juvenile/child.

_____ True _____ False

I have not been convicted of any felony offense (*or an equivalent offense under the Uniform Code of Military Justice*) within the past 15 years.

_____ True _____ False

I have never been convicted of a sex offense.

_____ True _____ False

I am not legally required to register as a sex offender.

_____ True _____ False

I have never been convicted of a capital offense.

_____ True _____ False

If you answered "False" to any of the above, please explain below.

I agree to notify the **Seven Days In-Home Care Agency, LLC** in writing within 24 hours if ANY of the above criminal history changes.

_____ True _____ False

Please provide three references who are NOT related to you.

REFERENCE 1

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Home Phone: _() _____ Mobile Phone: _() _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

REFERENCE 2

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Home Phone: _() _____ Mobile Phone: _() _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Home Phone: _() _____ Mobile Phone: _() _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

I AGREE TO THE FOLLOWING:

By placing my name below and submitting this application, I affirm that the facts herein are true and accurate. I understand that if I am accepted as a **Seven Days In-Home Care Agency, LLC** Volunteer any false statements, omissions, or other misrepresentations made on this application or references may result in my immediate dismissal. I understand that **Seven Days In-Home Care Agency, LLC** is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

Volunteer Name - Printed

Volunteer Signature

Date