



Bethany Volunteer Application

201 University Drive South, Fargo, ND 58103 (701) 239-3246
4255 30 Avenue South, Fargo, ND 58104 (701) 478-8904

Name: _____ Date: _____
(First) (MI) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____(home) _____(cell) _____(work)

E-Mail Address: _____ Date of Birth (optional): _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____(home) _____(cell) _____(work)

How did you hear about our volunteer program?

___ Community of Faith ___ Advertisement ___ Agency Fair ___ Brochure ___ Employer ___ School
___ Friend/family ___ Teacher/Professor ___ Radio/TV ___ Internet ___ Other: _____

Have you volunteered or worked at Bethany Retirement Living in the past? Y / N

If YES, dates and in what capacity? _____

Preferences and Interests:

Availability: ___ Year Round ___ Summer Only ___ Winter Only ___ Other: _____

Do you prefer: ___ Working with residents ___ Office work ___ Working with pets
___ Other: _____ ___ No preference

What are some of your interests/hobbies/skills (circle all that apply)? Music Art History Sports Reading Travel
Photography Cooking/Baking Other _____

Have you ever lived in another country? Y / N If YES, where? _____

Have you or someone that you lived with recently been out of the country (within the last six months?) Y / N
If YES, where? _____

Do you know someone at Bethany? Y / N

If YES, are they a: ___ Volunteer ___ Employee ___ Resident Name _____

Prior Volunteer Experience:

Agency: _____ Phone: _____ Dates: _____ Duties: _____

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May we contact these agencies as a reference? Y / N

Personal or Professional References:

1. _____
(Name & Occupation) (Phone) (Address)

2. _____
(Name & Occupation) (Phone) (Address)

Have you ever been convicted of a crime other than a minor traffic violation? Y / N

If YES, please explain the nature of the offense. _____

If a Student:

Name of School/College _____

Professor/Teacher: _____

Class/Organization: _____

Major: _____

Phone: _____

Hours Required: _____

Emergency Contact:

Name: _____ Relationship: _____
Phone: _____(home) _____(cell) _____(work)

Volunteer Consent to do a Background Check

Having made application for volunteering at Bethany Retirement Living, and desiring them to be informed as to my previous record and character, I hereby authorize Bethany Retirement Living and its authorized representatives to obtain information relating to my activities from educational institutions, licensing agencies and all persons or entities named on my volunteer opportunity application. This information may include, but is not limited to, academic achievement, performance, attendance, personal history, discipline and conviction records. I hereby direct you to release such information upon the request of the bearer.

Further, I release any and all individuals and organizations, including record custodians, from any and all liability for damages of whatever kind or nature because of furnishing said information.

In connection with my application for volunteering at Bethany Retirement Living, I also understand that background checks may be performed on me if I receive an offer to volunteer from Bethany Retirement Living. I understand that an offer of a volunteering opportunity is conditional on the results of the background information. The background information will be obtained through:

- 1) <http://exclusions.oig.hhs.gov/>
- 2) <http://wwwnsopw.gov/Core/Conditions.sapx>
- 3) <http://www.ndhealth.gov> (Click on Nursing Homes and then click on CNA Validated Abuse List)

Certain situations may require Bethany Retirement Living to conduct a more in-depth background check. I understand the information obtained from a background check may include my past work and volunteering history, criminal history and driving record. I further understand that the background information is not limited to the current state of my residence, but may include information from any other state where I have resided.

I authorize all persons and companies contacted by Bethany Retirement Living or its representatives to provide the requested background information. I understand and agree to release the aforesaid from any liability for collecting my background information.

I understand that if adverse action is taken by Bethany Retirement Living based on the results of my criminal background check, I will be given notice orally, in writing, or electronically of such adverse action. I further understand that I may request in writing within a reasonable period of time, a complete disclosure of the nature and scope of the background investigation. I also understand that I have the right to dispute the accuracy or completeness of any information furnished by the reporting agency. I further understand that the reporting agency supplying the information does not make the decision to take adverse action and cannot give specific reasons for the adverse action; only Bethany Retirement Living makes such a decision.

I further authorize Bethany Retirement Living, if I am accepted to volunteer, to request a background report about me for volunteer-related purposes at any time during the course of my volunteering opportunity to the extent allowed by law. I agree that this Disclosure and Release will be valid now or in the future, in original, faxed, copied or electronic form.

I certify that the statements made in this volunteer application are true and correct. I understand that I will not be paid for my services, as this is strictly volunteer work.

Any other name(s) used: _____

Other Cities/States of Residence during the last seven (7) years: _____

Signature: _____ Date: _____

Parents/Guardian Signature _____ Date: _____
(if under 18 years of age)