



Holiday Hill, Inc.

245 St Hwy 153
P.O. Box 392
Coleman, TX 76834
(325)625-4157 X-208
Cell- (325)348-6012
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HOLIDAY HILL, INCORPORATED

VOLUNTEER APPLICATION

VOLUNTEER CHECKLIST:

Check when complete -

____ Release of Authorization form signed and dated.

____ DPS Authorization form signed and dated.

____ Application completed and signed and dated

____ (1) Copy of Driver's License or ID Card and (1) Copy of Social Security Card on same page
(2 pages total) - Attach to Application

**Holiday Hill Inc.
P.O. Box 392
Coleman Texas 76834**

(Please read the following statements, sign and date below, and return with the Application and Information.)

I, _____, hereby authorize any investigation or duly accredited representative of Holiday Hill, Inc. bearing this release to obtain any information from schools, residential management agents, criminal justice agencies (this is required by the State of Texas for persons working in a nursing facility), or individuals relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary and conviction records. I hereby ask you to release such information upon Holiday Hill Inc. and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release and hold harmless any individual, including record custodians, from and all liability for damages of whatever kind of nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization.

Applicant's Signature

Date

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

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

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

Holiday Hill 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	

5. Volunteer Experience (Organizations, describe):

6. Have you worked in a long term care facility in any capacity before?

Nursing Home Y / N Assisted Living Y / N
Adult Family Home Y / N Group Home Y / N

If yes, explain work capacity:

7. Do you speak a foreign language / identify with any cultural group: _____

8. Why do you want to be a volunteer at Holiday Hill / The Allen Center:

9. How did you learn of this volunteer opportunity:

Newspaper: _____ Presentation: _____ Poster/Flier: _____ Friend: _____

Other: (describe) _____

10. What days are you available: M / Tu / Wed / Th / F / Sa / Su

What Times: _____

11. Are you willing to devote four (4) hours to the volunteer program a day? Y / N

12. Have you had a Tuberculosis Skin Test (PPD Skin Test) in the last six months? Y / N

If yes, can you provide a copy?

If no, are you willing to consent to a Tuberculosis Skin Test (PPD Skin Test)? Y / N

13. References, (Work or Personal) Please include full address and phone number:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

14. In case of emergency, notify:

Name	Address	Phone
Relationship		

All answers are true and complete to the best of my knowledge. I understand that it is a normal part of Holiday Hill / The Allen Center procedure to reserve the right to make such inquiries as are deemed appropriate to the suitability of any new volunteer worker to include background check and drug test.

I understand that this application is not a contract and that at any time Holiday Hill / The Allen Center may terminate my volunteer position without cause.

Signature	Date
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Activity Department Only

Position / Job Assignments, Dates, Times:
