

Haynes House of Hope  
7187 State Route 149  
Granville, NY 12832  
(518)642-8155  
hhayneshouseof@roadrunner.com

## Per Diem Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Are you over 18? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Email address \_\_\_\_\_ Best Way to Contact \_\_\_\_\_

If hired may we share your contact info with other staff \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

In case of emergency (for yourself) while working, we would notify: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone numbers: \_\_\_\_\_

### Employment History

Place of Employment	Description of work	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Any Volunteer Experience (current or previous)

<u>Where</u>	<u>Dates</u>	<u>Description of work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Community Involvement** \_\_\_\_\_  
\_\_\_\_\_

### Professional Affiliations/Honors/Special Training

Besides professional memberships or honors, please list special training, licenses or professional certifications you hold.

\_\_\_\_\_  
\_\_\_\_\_

**Health**

Your general health in the past year has been:  Good  Fair  Poor

Are there any physical limitations that might affect your assignments?

Allergies or sensitivities; please specify

Limit driving to daytime hours

No heavy lifting or gripping

One-person patient transfers (e.g., moving from bed to chair)

Little or no climbing stairs

Insulin dependent Diabetic

History of seizures/Epilepsy

Sitting/Standing for long periods of time

other please describe below:

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**Skills and Interests**

Do you have any clerical skills?  Typing

Telephones

Filing

Do you have any computer skills?

Word or WordPerfect

Adobe Acrobat

Excel

Use of email

Internet Explorer web browser

Microsoft Access database software

Would you be interested in Public Speaking promoting HHH  Yes  No

Do you speak any foreign languages? If so, please specify: \_\_\_\_\_

What are your interests and/or hobbies? (Check all that apply)

Arts and Crafts

Cooking

Music; favorite type(s): \_\_\_\_\_

Gardening

Carpentry

Sewing

Meditation

Massage

Reading aloud

Card games; favorites: \_\_\_\_\_

Manicures

Board games; favorites: \_\_\_\_\_

Others; please specify: \_\_\_\_\_

**Reason for Working**

Why are you interested in working at Haynes House of Hope? \_\_\_\_\_

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**Personal Experience with Death or Loss**

Has someone close to you died recently? If so, when; please explain the circumstances: \_\_\_\_\_

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**Criminal Record:** Have you ever been convicted for any violations of law, including traffic violations?

Yes  No Description of offense \_\_\_\_\_

**What is your availability?** \_\_\_\_\_

**Referral Source**

How did you hear about Haynes House of Hope?

- |   |   |
|---|---|
| <input type="checkbox"/> Word of Mouth          | <input type="checkbox"/> Church                 |
| <input type="checkbox"/> Community Presentation | <input type="checkbox"/> Other; please specify: |
| <input type="checkbox"/> Newspaper              | _____   |
| <input type="checkbox"/> Poster/Brochure        |   |

**References**

Please provide the names of three people we may contact, with your permission, for a reference.

- Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
City or Town: \_\_\_\_\_  
Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
- Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
City or Town: \_\_\_\_\_  
Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
- Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
City or Town: \_\_\_\_\_  
Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

To the best of my knowledge, all of the preceding information is true and accurate. I authorize Haynes House of Hope to request and obtain records to determine the accuracy of my responses. I understand that, if my application is accepted, before performing any Haynes House volunteering, I will be asked to:

- Comply with all relevant Haynes House policies, procedures, and regulations
- Complete the Volunteer Training and the Hospice Volunteer Training if applicable.
- Complete training in confidentiality of resident information;
- Give permission for Haynes House to perform a comprehensive background check which includes a criminal and driver's license check, as required by insurance regulations.

\_\_\_\_\_

**Haynes House of Hope**  
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return this application in person, or by mail to:

Haynes House of Hope  
7187 State Route 149  
Granville, NY 12832

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**For Haynes House use only:**

Date of interview: \_\_\_\_\_

Interviewer's comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Interviewer(s)

Date

1<sup>st</sup> Employee Review Done: \_\_\_\_\_ (done yearly)

Date \_\_\_\_\_

**\*No longer works at Haynes House:**

End Date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_