



# Volunteer Intake Form

4605 Fairhills Road East  
Minnetonka, MN 55345  
Office (952) 988-0993  
GiannaHomes.org

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Main Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

I prefer contact via (circle one)    email    phone    either / both

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Social Security # (optional; mandatory upon request) \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

\_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.):

\_\_\_\_\_

Previous volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

Please indicate any of the following services you would be interested in providing:

- Arts & Crafts
- Reading
- Socializing / Visits
- Pet Therapy (certification required)
- Music – what type/instrument: \_\_\_\_\_
- Going on outings in the community with staff (shopping, zoo, Music in the Park, etc)
- Walks or strolls around the neighborhood
- Garden / Flower maintenance
- Beauty – haircuts, set/perms, nail care, etc.
- Other \_\_\_\_\_

I would prefer to work with: (circle) male female either / both

What hours / days are you willing to volunteer? \_\_\_\_\_

Approximate hours / commitment per month? \_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Have you ever been exposed to TB (tuberculosis) or tested positive? (circle) yes no I don't know

Do you have a valid driver's license: Yes No

Driver's License#: \_\_\_\_\_ State

*Because you will be in contact with Vulnerable Adults, we must ask:*

Have you ever been convicted of or plead guilty to any major crime(s): Yes No

If yes, describe in full: \_\_\_\_\_

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

Please list up to (3) references, preferably at least one of which has knowledge of your participation as a volunteer: (Name & Phone)

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

How did you hear about us? \_\_\_\_\_

As a condition of volunteering, I give permission for Gianna Homes to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I hereby release and agree to hold harmless Gianna Homes, it's employees and volunteers thereof, or any other person or organization that may provide such information.

*NOTE: Gianna Homess will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

PICTURE

A COPY OF VALID GOVERNMENT ISSUED PHOTO I.D. MUST BE ATTACHED AND USED TO VERIFY INFORMATION.



# Minnesota Department of Human Services

## Background Study Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Other first names you have used: \_\_\_\_\_

Other last names you have used: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_\_\_ Social Security Number: \_\_\_-\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

MN Drivers License or MN State ID number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Gender: Male      Female  
(circle one)

Race:            Asian                                    Pacific Islander  
(circle one)    African American                    Native American  
                  Caucasian                                Unknown or other




MINNESOTA DEPARTMENT OF HEALTH LICENSED FACILITIES  
SUPPLEMENTAL NURSING SERVICES AGENCIES, EDUCATIONAL PROGRAMS, TEMPORARY  
EMPLOYMENT AGENCIES, PROFESSIONAL SERVICES AGENCIES

**BACKGROUND STUDY PRIVACY NOTICE**

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

- 1. Purpose and intended use of the information:** Minnesota Statutes, section 144.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes, board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of a supplemental nursing services agency; and all other employees in nursing homes. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.
- 2. Whether you may refuse or are legally required to provide the information:** Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.
- 3. Known consequences that may arise from supplying the information:** Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with (and, where applicable, access to) persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.
- 4. Known consequences that will arise from refusing to supply the requested information:** Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact with (and, where applicable, access to) persons receiving services.
- 5. Identification of other agencies or entities authorized to receive this information:** The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.