

BEHAVIORAL SUPPORT & NURSING SERVICES
an Advocare Consulting & Support Solutions, Inc. company

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ (Day) _____ (Evening)

Email: _____ Date of Birth _____

TDL# _____ Social Security # _____

Emergency Contact _____ Phone # _____

Program of Interest

☐ Internship ☐ Committee ☐ Planting Smiles ☐ Other

Desired Schedule (check days and times available)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
☐ Morning (9am-12pm) ☐ Afternoon (12pm – 5pm) ☐ Evening (5pm – 10pm)

Frequency of volunteer availability (weekly, semiweekly, monthly) _____

Highest level of education completed and Major (if applicable):

☐ High School Diploma/GED ☐ Undergraduate Degree ☐ Graduate Degree / Major: _____

Past Volunteer Experience _____

References: Provide the name, address, and phone/e-mail of three non-family members who can provide references for you.

1. _____
2. _____
3. _____

Behavioral Support & Nursing Services (Hereafter referred to as BSNS) may now, or at any time I volunteer, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, criminal history information of file in local, state or federal agencies; motor vehicle records and State EMR listings. I understand that these searches will be used to determine work assignment under the company's volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information.

Signature: _____ Print Name: _____ Date: _____

Please return completed form to Behavioral Support & Nursing Services, 22027 Kenton Knoll, San Antonio, TX 78258 or fax to 1.888.471.2010). For additional information, visit our website at www.bsns.care.

In compliance with State regulations, all volunteers must undergo a criminal history check, Driver's License check and a check to see if they are listed on the State EMR list that tracks incidents of client abuse, neglect and exploitation.