

VOLUNTEER APPLICATION

PERSONAL INFORMATION:

Last Name	
First Name	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	
Birthday (Month, Day, Year)	

COMPLETED EDUCATION (check one):

High School	College Graduate	Graduate School
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WORK STATUS (check one):

Employed	Retired
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Current or last place of employment	
Title	
Date of Employment	
Reason for Leaving	

Are you currently a college student, if so where are you enrolled? _____

Have you ever been convicted of or, pled guilty to, a felony or a misdemeanor? _____

PERSONAL REFERENCES:

Please list two references. Do not use physicians or relatives:

Reference One	Name:	Phone Number:
Reference Two		

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	
Relationship	
Address	
Home Phone	
Work/Mobile Phone	

Please Indicate Days and Hours Most Convenient for You to Volunteer

Monday AM PM	Tuesday AM PM	Wednesday AM PM	Thursday AM PM	Friday AM PM	Saturday AM PM	Sunday AM PM
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SERVICE AREA OPPORTUNITIES (circle all areas of interest)

Case Management	Nutrition	Patient Advocate	Mom/Baby Floor Support
Mended Hearts	Gift Shop	Imaging Department	Volunteer Office
Diabetic Mgt.	Oncology	Pet Therapy	Nursing Floor Support
Fundraising	Hospital Pharmacy	Retail Pharmacy	Surgery Waiting Room
New Attitude Room (Wigs, Hats for cancer patients)	Emergency Department – (Front desk or patient area)	Knitting/Sewing	Info, Escort, Mail, Flower Delivery – Main Desk

Would you be willing to work on special fundraising projects within the hospital?
(Such as jewelry sales, book sales, etc.)?

Yes	No
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What do you hope to gain from your volunteer experience?

Have you volunteered in a health care setting before?

Yes	No
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If yes, describe the experience:

Please list any other(s) that would be a good fit for our Volunteer program:

Name:	Contact Info:
Name:	Contact Info:
Name:	Contact Info:

As a Volunteer, I ...

- Agree to attend the volunteer orientation and train until I am competent to perform the required duties.
- Agree to conform to all rules and regulations of the hospital and the Volunteer Department.
- Understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines.
- Agree to call my staffing chairman or volunteer coordinator as soon as possible when I have scheduling changes.
- Provide documentation of vaccinations or receive vaccinations at Health Services. Vaccinations required are TDAP, Varicella, MMR, and Polio. Also required is a current TB test and flu shot in season.

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

CONFIDENTIALITY: It is the belief of this hospital that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and Piedmont Medical Center.

Signature	
Date	

Background Check
Tenet 12444

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. ____ / ____ / ____ Date of Birth¹ _____

Email address: _____ (Provide if you prefer to receive information via email)

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

*Have you ever been convicted of a crime? Yes No (Please attach a separate sheet of paper to provide additional entries)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

2. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

3. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

4. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

STATE LAW NOTICES

Minnesota or **Oklahoma** applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. ____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. ____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. ____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. ____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: _____ **Date** _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Tenet Health #12444
Disclosure and Authorization

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. ____ / ____ / ____ Date of Birth: _____

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

A background check is a type of consumer report in which information (which may include, but is not limited to, creditworthiness, credit standing, credit capacity, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency ("CRA") to a Tenet Healthcare facility, and/or their respective parents, subsidiaries, affiliates, other related entities, successors, and/or assigns ("the "Company"), as applicable.

The Company may obtain a consumer report on you to be used for employment purposes, including your application for employment.

ACKNOWLEDGMENT AND AUTHORIZATION

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize the Company, and/or their respective parents, subsidiaries, affiliates, other related entities, successors, and/or assigns, as applicable, to procure consumer report(s), criminal background check(s), consumer credit report(s), and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") as described in the **Background Check Disclosures & Authorization**. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosures & Authorization**. My authorization remains valid throughout my employment with the Company, such that, to the extent permitted by applicable law, I agree the Company can procure additional consumer report(s), criminal background check(s), and/or consumer credit report(s) during my employment without providing additional disclosures or obtaining additional authorizations. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **PreCheck, 2500 East T.C. Jester, Suite 600, Houston, TX 77008; telephone # 800-999-9861; www.precheck.com** and/or another CRA or the Company. Except as otherwise prohibited by state law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents (including but not limited to staffing/placement company clients and vendor credentialing companies) for business reasons (e.g., to place me in certain employment positions, jobs, work sites, etc.).

My present employer may be contacted for a job reference. Yes No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ **Date** _____

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778

Nevada Private Investigator License # 1618

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