



APPLICATION FOR VOLUNTEER SERVICE

Please print legibly in black or blue ink.

PERSONAL INFORMATION

- Mr. Mrs. Miss
 Ms. Dr. Prof.

Address: _____

Contact: () - () - _____

Social Security Number: _____ Date of Birth: / / _____

Driver's License Number: _____

EMERGENCY CONTACT

Contact Name: _____ Relationship: _____

Contact Address: _____ Phone: () - _____

EDUCATION and SKILLS

Highest Educational Level Completed: _____ Major: _____ Are you currently a Student? Yes No

If Yes, Check Type of School: Middle School High School College Vocational/Technical Other, Please State: _____

Name of Current School: _____ Major: _____ Grade/Class: _____

Languages: English Español Kreyòl ayisyen Français Other, Please State: _____

EMPLOYMENT and VOLUNTEERING HISTORY

Please list all current and past employment/volunteer service (starting with the most recent). Use an additional sheet if necessary.

| Organization | Address | Supervisor's Name and Phone Number | Dates of Employment or Volunteer Service | Reason for Leaving |
|--------------|---------|------------------------------------|--|--------------------|
| | | () - | Start (mm/yy): ----- End (mm/yy): | |
| | | () - | Start (mm/yy): ----- End (mm/yy): | |
| | | () - | Start (mm/yy): ----- End (mm/yy): | |
| | | () - | Start (mm/yy): ----- End (mm/yy): | |

May we contact all listed organizations as references? Yes No If No, please explain: _____

Have you ever been employed by Mercy Hospital? Yes No If Yes, in which Department: _____

Do you have relatives that are presently employed by Mercy Hospital? Yes No If Yes, Please state Name(s) and Department(s): _____

Are you affiliated with any Community Organizations? Yes No If Yes, please list: _____

BACKGROUND INFORMATION

PLEASE NOTE: A conviction will not necessarily bar you from volunteering with Mercy Hospital.
PLEASE ANSWER CORRECTLY REGARDLESS OF THE TIME SINCE YOUR CHARGES.

Please state All Previous Name(s), if any: _____

List all cities, states and countries where you have resided in the past seven (7) years: _____

Please answer the following questions:

1. Have you ever been found guilty, pleaded guilty, pleaded nolo contendere, been put on probation, or had adjudication withheld in connection with a crime?

Yes No If Yes, Please explain type of offense and disposition of the case and date:

2. Have you ever been sued for or accused of engaging in an intentional tort such as, but not limited to, fraud, defamation, assault and battery, invasion of privacy, false imprisonment, or negligence?

Yes No If Yes, Please explain:

3. Have you ever been discharged or asked to resign by an employer or had your volunteer service involuntarily terminated?

Yes No If Yes, Please explain:

4. Have you ever been accused of engaging in harassment on the basis of sex, race, national origin, religion, disability, sexual orientation, or age?

Yes No If Yes, Please explain:

5. Do you have any pending criminal cases?

Yes No If Yes, Please explain nature of case and provide case number:

PLACEMENT INFORMATION

Placement Preference: Patient Services Gift Shop Reading Material Delivery Clerical Pharmacy
 Support Area Other, Please State Area(s) of Interest

Availability (Please check days available and state preferred hours next to days):

MON TUES WED THURS FRI SAT SUN

PARENTAL/GUARDIAN CONSENT (Required for Applicants Under 18)

I give permission for my daughter/son _____ to volunteer at Mercy Hospital and I understand that she/he has accepted the responsibility to be dependable and to conduct herself/himself in a professional manner.

I also authorize the emergency treatment of my daughter/son (named above) if she/he is injured or taken ill while volunteering at Mercy Hospital, if the hospital is unable to contact a parent or guardian for permission to treat.

I also give permission to use any photographs that are taken of my daughter/son, while she/he is volunteering in the hospital, for the use of publicity in promoting the hospital without limitation or reservation.

I hereby give permission for my daughter/son _____ to receive a Tuberculin Test (P.P.D.) through the Employee Health Services of Mercy Hospital for which I understand, there will be no charge.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian _____

Day Phone: _____ **Evening Phone:** _____ **Cell Phone:** _____

Office Use Only: TEEN COLLEGE STUDENT ADULT

VOLUNTEER AGREEMENT

To help establish my eligibility to volunteer, and at any time during my volunteer time, I hereby authorize Mercy Hospital, its subsidiaries and affiliates to conduct a background check and to request to receive appropriate report(s) which may include information as to my character, general reputation, personal characteristics and mode of living. The request of an applicant's social security number is to verify identity, employment, volunteer history and eligibility under immigration law.

I authorize any former employer, medical provider or institution to release information and documentation of my former employment, volunteer experience, education, medical or other history which is deemed relevant to my application to volunteer, and I hereby release all such providers of information and Mercy Hospital from any liability in connection therewith.

I understand that any offer to volunteer is conditioned on the satisfactory completion of all relevant aspects of my background check and a health screening that includes a tuberculin (TB) test. I acknowledge that any offer to volunteer is subject to withdrawal at any time.

I agree to abide by the policies/rules set forth by Mercy Hospital and the Volunteer Resources Department as advised. I will attend orientation; complete the Health Office requirements and all training. I will observe the Standards of Conduct, volunteer dress code, Code of Ethics and agree to keep all patient information confidential. I understand and agree voluntarily that I will not be paid or receive Hospital benefits for my volunteer services. I understand that failure to abide by the aforementioned obligations is grounds for immediate termination of my volunteer services.

If chosen as a volunteer, I hereby consent to any required security investigation. Refusal to cooperate with or submit to any lawful security investigation may be grounds for dismissal.

I understand that becoming a Mercy Hospital volunteer is an at-will relationship, meaning that the volunteer relationship can be terminated at any time for any reason by either me or the organization. The at-will relationship may not be modified nor can any contract relating to employment be entered into except by the President and Chief Executive Officer of the organization in writing.

I also give permission to use any photographs that are taken of me, while I am volunteering in the hospital, for the use of publicity in promoting the hospital without limitation or reservation.

I understand that I must achieve a total commitment of one hundred (100) hours before Mercy Hospital provides any written documentation of my service hours. I must allow three (3) working days to process requests for verification of service hours. A minimum of 3 to 4 hours commitment per week is preferred.

I certify that the information provided in this application is correct to the best of my knowledge. I understand that if any statements made by me, either in this application or otherwise, are found false or misleading in any way, either because of the nature of the statements themselves or because of omitted information which makes any such statements false or misleading, my application may be excluded from further consideration, or if chosen to become a volunteer, I may be subject to corrective action up to and including immediate dismissal.

Print Applicant's Name: _____

Applicant's Signature: _____ **Date:** _____

FOR APPLICANTS UNDER 18

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ **Date:** _____



VOLUNTEER REFERENCE FORM

References must be at least 18 years of age and not related to applicant.

PERSONAL INFORMATION

Name of Applicant:

LAST NAME FIRST NAME MIDDLE INITIAL

Name of Reference:

Address of Reference:

Primary Phone:

() -

Secondary Phone:

() -

Email Address:

This applicant has applied to become a Volunteer at Mercy Hospital. Please complete the reference information below and return to us in a timely manner.

How long have you known the Applicant?

What is your relationship to the Applicant?

Please indicate your perception of the applicant by checking the appropriate boxes below:

| Category | Excellent | Very Good | Average | Fair | Poor | Not Observed |
|---|-----------|-----------|---------|------|------|--------------|
| Ability to take initiative | | | | | | |
| Promptness | | | | | | |
| Level of Responsibility | | | | | | |
| Level of Emotional Maturity | | | | | | |
| Verbal Communication Skills | | | | | | |
| General Attitude and Demeanor | | | | | | |
| Ability to work as a member of a team | | | | | | |
| Ability to follow instructions | | | | | | |
| Ability to work with elderly | | | | | | |
| Ability to work with children | | | | | | |
| Adherence to policies and procedures | | | | | | |
| Ability to work in stressful environments | | | | | | |

COMMENTS:

Signature of Reference:

Volunteer Resources, Mercy Hospital, 3663 South Miami Avenue, Miami, Florida 33133

Tel: (305) 285-2773.



VOLUNTEER REFERENCE FORM

References must be at least 18 years of age and not related to applicant.

PERSONAL INFORMATION

Name of Applicant: _____

LAST NAME(S) FIRST NAME(S) CITY/STATE/ZIP(S)

Name of Reference: _____

Address of Reference: _____

CITY/STATE/ZIP(S)

Primary Phone: () -

Secondary Phone: () -

Email Address: _____

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| Level of Emotional Maturity | | | | | | |
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| General Attitude and Demeanor | | | | | | |
| Ability to work as a member of a team | | | | | | |
| Ability to follow instructions | | | | | | |
| Ability to work with elderly | | | | | | |
| Ability to work with children | | | | | | |
| Adherence to policies and procedures | | | | | | |
| Ability to work in stressful environments | | | | | | |

COMMENTS: _____

Signature of Reference: _____



Volunteer Health Certification

I certify that I have examined _____, reviewed the job requirements and find that he/she is fully able to perform the duties and responsibilities of a volunteer at Mercy Hospital without medical limitations or physical restrictions. I also certify that this applicant is free of any communicable or contagious disease that may be harmful to the volunteer or others in the performance of his/her duties and responsibilities.

Physician Signature

Date

Physician Printed Name

Telephone #:

Having a health or medical condition does not automatically bar an applicant from an assignment as a volunteer.

Mercy Hospital - Volunteer # 11146
VOLUNTEER INFORMATION

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.
 By signing below, I agree that my present employer may be contacted for verification of employment.

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.
 Nevada Private Investigator License # 1618

Mercy Hospital - Volunteer # 11146
VOLUNTEER DISCLOSURE & AUTHORIZATION

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. ____ / ____ / _____ Date of Birth¹ _____
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. 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, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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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