

VOLUNTEER APPLICATION

Name _____ Date _____

Physical Address _____

Phone _____ Spouse _____

Mailing Address (if different from above): _____

E-mail Address: _____

Emergency Contact _____ Phone _____

Are you in good health? Yes No Back Injury? Yes No

Heart Trouble? Yes No

Are you taking any medications Yes No If yes, which ones? _____

Do you have any limitations of which we should be aware? _____

Your doctor's name _____ Phone: _____

Have you ever applied to be a Feather River Hospital volunteer before? Yes No

Previous volunteer experience _____

Previous employment experience _____

Are you now employed? Yes No If so, where? _____

If no, are you actively seeking employment? Yes No

Please check those in which you have training, experience or special interest

- | | | |
|---|---|---|
| <input type="checkbox"/> Cancer Center | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Lifestyle Medicine | <input type="checkbox"/> Lobby Desk |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Medical Trans. | <input type="checkbox"/> Patient Ambassador |
| <input type="checkbox"/> Patient Financial Services | <input type="checkbox"/> Thrift Shop | <input type="checkbox"/> Other: _____ |

How did you hear about our volunteer program? _____

Would you be interested in serving on committees, etc? Yes No

What days and hours are you available?

Mon _____

Fri _____

Tues _____

Sat _____

Weds _____

Sun _____

Thurs _____

What do you hope to gain from volunteering at Feather River Hospital? _____

Personal or Professional References (please exclude relatives):

1. Name _____ Phone _____

Address _____ City _____

State _____ Zip Code _____

e-mail address: _____

2. Name _____ Phone _____

Address _____ City _____

State _____ Zip Code _____

e-mail address: _____

3. Name _____ Phone _____

Address _____ City _____

State _____ Zip Code _____

e-mail address: _____

The information provided on this application is accurate and correct to the best of my knowledge.

Signature indicates approval for us to check references. The Volunteer Service Department is not obligated to provide a placement, nor are you obligated to accept the position offered.

Signature: _____ Date: _____

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE OR SEX



DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my application to become a volunteer with **Feather River Hospital** (herein "Company"), during the course of my service, I understand that prior to or at any time after any acceptance of my application a Consumer Report may be requested from **InfoLink Screening Services, Inc.** (herein: "InfoLink") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Employment Credit Report or Equifax Persona report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK DEEMED PERTINENT TO MY APPLICATION.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if my volunteer application is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, InfoLink's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, InfoLink will provide a written explanation of any coded information contained in my file. I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendation.

InfoLink's privacy policy limits the information it provides to the Company named herein, however I hereby authorize the Company to share such information with parties in interest who have a "need to know" such information to protect them and their employees. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party other than the Company.

I understand that any Consumer Report or Investigative Consumer Report requested will be used strictly for permissible purposes as defined under §603(h) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation as a volunteer, promotion, reassignment or retention as a volunteer. In addition, any offer of assignment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for assignment, promotion, or reassignment, I must authorize the procurement of such Report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered

(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____ E-MAIL ADDRESS _____

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: FULL DATE OF BIRTH _____

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? Yes No

Please List Other Names Used _____ Please List Other SS Number Used _____

(Please sign)

Date: _____

Date: _____

Signature Authorizing the Procurement of the Report

Signature BY Parent or Guardian Authorizing the Procurement of the Report

I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me: Yes, please send me a copy of my Report



9201 Oakdale Avenue, Suite 100, Chatsworth, CA 91311-6520
PHN: (818) 990-HIRE ♦ (800) 990-HIRE ♦ FAX: (818) 709-2345

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