

Volunteer Services Application Form (Adult)

**NOTE: All volunteer applicants must fill out this form.
2 sided: One side for adults/seniors - Other side for juniors (ages 14-18)**



Last Name	First Name	MI	Date of Birth
Home Address	City	Zip Code	Home Phone Number
Email Address:			Cell Phone Number
Employer	Business Phone Number		Occupation
School Attending/Attended	Field of Study / Degree		Social Security #
Local Emergency Contact Person			Telephone Number
I am interested in volunteering with FRHG for the following reason(s) _____			
I bring the following work/volunteer experience and skills _____			Foreign Language Spoken: <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Sign

References (please list name, address and phone number):

- 1) _____
- 2) _____
- 3) _____

I prefer to volunteer at:

- | | |
|--|--|
| <input type="checkbox"/> Fremont Medical Center Auxiliary | <input type="checkbox"/> The Gardens (Alzheimer's & special care facility) |
| <input type="checkbox"/> Rideout Memorial Hospital Auxiliary | <input type="checkbox"/> Rideout Emergency Department |
| <input type="checkbox"/> The Courtyard (assisted living facility) | <input type="checkbox"/> Fremont-Rideout Hospice |
| <input type="checkbox"/> The Fountains Activities Program (skilled nursing facility) | <input type="checkbox"/> Fremont-Rideout Cancer Center |

I understand and agree that in the performance of my duties as a volunteer at the Fremont-Rideout Health Group I must abide by all policies and procedures, including to hold as strictly and confidential all medical information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

I am volunteering my services to **Fremont-Rideout Health Group** solely for my personal purposes or benefit without promise or expectation of compensation or benefits.

Signature _____

Date _____

INVESTIGATIVE CONSUMER REPORT RELEASE

Pursuant to the Investigative Consumer Report Disclosure previously delivered to me, I authorize USIS Commercial Services to prepare a consumer report or investigative consumer report about me for employment-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge USIS, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to USIS from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.

Minnesota Applicants Only: I request a copy of any consumer report requested on me.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Today's Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States and Counties of Residence for the past: 3 years 5 years 7 years 10 years
(Attach a separate sheet if more space is needed.)

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

Home Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

Sex: Male Female Race: Asian Black Hispanic White Other _____
(circle one) (circle one)

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 318-0645. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.
 (California applicants only)

Company Name: _____ Location No.: _____ Company Code: _____

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the Company.

<p>California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.</p> <p><input type="checkbox"/> I wish to receive a free copy of the report.</p>
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Applicant Last Name _____ First _____ Middle _____
Applicant Signature _____ Date _____
Social Security # _____ Date of Birth (for ID purposes only) _____
Present Address _____
City/State/Zip _____
Driver's License # _____

DISCLOSURE AND AUTHORIZATION FORM

Fremont Rideout Health Group may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us 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.

ADDITIONAL STATE LAW NOTICES

If you live in or are applying for a job in the state of California, Maine or New York, please review these additional notices.

CALIFORNIA: You may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MAINE: You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

NEW YORK: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.