

Chestatee Regional Hospital
Application for Volunteer Service
(Please print)

GENERAL INFORMATION

Date _____ Were you referred by a volunteer. Who? _____

Mr. Mrs.

Ms. Miss.

Address _____

City _____

Zip Code _____

() _____
Home Phone

() _____
Business/Cell Phone

_____ / _____
Email: Home or Work

_____ / _____
Month/Day
Birthday

Work Status: ___ Employed ___ Unemployed ___ Retired ___ Homemaker

If presently employed, name of company: _____ work phone # _____

IN CASE OF EMERGENCY PLEASE NOTIFY

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Have you ever committed, been convicted of, pled guilty to, or pled nolo contendere, to a felony or a misdemeanor? *Note: Conviction of a crime is not necessarily grounds of disqualification.*

___ No ___ Yes If yes, please explain _____

Volunteer Availability:

(Please circle the days and times you are available to work)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE

Comment: _____

Special Area of interest in volunteering:

Skills/Comments:

How did you become interested in our program? _____

What do you hope to gain from your volunteer experience? _____

Have you volunteered in a health care setting before? _____ Yes _____ No If
yes, describe the experience.

Are there any work activities or conditions you must avoid? _____

Personal References

Do not use relatives as references. One reference for whom you have worked is preferred.

(1) Name _____ **Phone ()** _____

Address Street/P.O. Box City Zip Code

Relationship _____ **Email Address** _____

(2) Name _____ **Phone ()** _____

Address Street/P.O. Box City Zip Code

Relationship _____ **Email Address** _____

The information provided in this application is true in all respects, without any willful omissions. I give my consent for a representative of the Volunteer Office to contact the references listed.

As a volunteer, I would...

- Agree to attend the volunteer orientation and train until I am competent to perform the required duties;
- Agree to comply with all rules and regulations of the hospital and the volunteer department;
- Understand that I may be dismissed from my duties for willful wrong doing or negligence and/or performing duties outside of my service description
- Understand that CRH is not obligated to utilize my services as a volunteer nor am I obligated to accept the volunteer assignment offered.

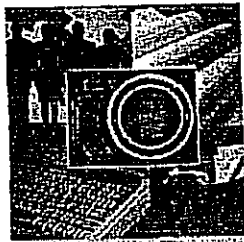
Confidentiality: It is the belief of this hospital that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussing, and disclosure. Therefore volunteers may look at, use, or disclose patient information ONLY as it relates 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 the supervisor of the unit before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of CRH Volunteer Services and Chestatee Regional Hospital.

Signature _____ Date: _____

Return to Chestatee Regional Hospital
Attn: Marketing
227 Mountain Drive, Dahlonega Ga 30533

Or fax to 706-864-1356



Credentiaing and background investigation

VOLUNTEER DISCLOSURE & RELEASE

FULL NAME _____

Any Other Names Used _____

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

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ No. _____

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

	City	State	Dates From:	To:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report² and/or investigative consumer report³ may be made in connection with my application to volunteer with prospective organization. I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that a prospective organization and PreCheck, Inc. may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my educational/school records, driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for volunteering for services or denial of volunteering. I hereby discharge, release and indemnify the prospective organization, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc. The authorization granted herein shall be effective throughout the term of my volunteering.

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

Signature _____ Date _____

If you are under the age of eighteen, the signature of a parent or guardian must be obtained.

Parent/Guardian _____ Date _____

Upon your written request within a reasonable period of time, the investigative agency compiling a report will make a complete and accurate disclosure of the nature and scope of the investigation. In addition, if you are denied volunteering, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such a report.

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 for consumer report purposes only.

² A "Consumer Report" may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

³ An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.

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713.861.5959
info@precheck.com
www.precheck.com