

Volunteer Application

Personal Information

Name (first, middle, last):		
Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
E-mail address:		Date of Birth:

Availability - Adult Volunteers:

During which hours are you available for volunteer assignment?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests for Adult Volunteers

Tell us in which areas and time frames you are interested in volunteering.

	<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>
Charts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Services: 9-Noon, 12-3 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Waiting Room: 8-Noon, 12-4 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gift Shop: 10:00 AM -2:30 PM, 2:30 PM -7:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality: 1:00 PM – 3:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostess: 8:30 AM – 11:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging: 7:30 AM – 11:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Information: 8-Noon, 12-4 PM, 4-7 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing: 9-Noon or 1-5 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Courtesies: 9-noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Room: 8-Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgery Waiting Room: 8-Noon, Noon – 4 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same Day Surgery Greeter: 7:00 AM – 11:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Skills or Qualifications

Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

General Information

Have you ever been on probation, received deferred adjudication or been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been released from confinement following a conviction for any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently charged with any violation of law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the preceding 3 questions, please explain details and dates:	
Are you fluent in a second language? If so, what language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a special talent we might use, such as drawing, making posters, scrap booking, craft work, typing, ability to use the computer, photography, decorating ideas?	
Please give us a short biography (anything you might think is of interest).	

Emergency Contact

Name:		
Address:		
City:	State:	Zip:
Home #:	Work #:	
Relationship to you:		
Family Physician:	Telephone:	

Date: _____

Agreement and Signature of Volunteer

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer with Brazosport Regional Health System, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further acknowledge that as a volunteer, I am subject to many Federal, State, and Local laws. Violations on any law(s) may result in civil or criminal prosecution. (Please print document and sign)

Name (printed) :

Signature: _____

Date: _____

Thank you for taking the time to complete this application form and for your interest in volunteering at Brazosport Regional Health System. We hope you enjoy your volunteer experience. If mailing this application, please mail it to:

Brazosport Regional Volunteers
Attention: Membership Chairman
100 Medical Drive
Lake Jackson, TX 77566

For office use only:

Dues/Assignment/Area Training Dates/Orientation Date

Dues are five dollars (\$5.00) annually for Adult Volunteers and are due with completed application.

Dues paid:

Date:

Assignment:

Area Training Dates:

1.

2.

3.

Hospital Orientation Date:

Area Chairperson Trainer:

Date: _____

**Brazosport Regional Adult Volunteers
Consent Form for Drug Screen**

Name:	Social Security #:
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I hereby consent to authorize Brazosport Regional Health System to collect a specimen of my hair, blood and/or urine and submit it for volunteering, random, work injury, or reasonable suspicion drug testing to screen for substance abuse. I further consent to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Brazosport Regional Health System. I realize that, if I do not pass the standards established, I will be disqualified as an applicant or be subject to corrective action which may include separation of employment.

In consideration for such services being rendered on my behalf, I hereby release the laboratory testing service, its officers, agents, and employees from any and all claims which I might otherwise have due to such results being made so available. I hereby consent not to file any action at law or in equity against Brazosport Regional Health System, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available. I hereby agree to indemnify and save harmless Brazosport Regional Health System, the laboratory testing service, their respective officers, agents or employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the result of such screen being made so available.

I understand that I may be required to provide medical verification and additional information regarding prescribed medications should they affect the tests results.

I authorize release of post-accident results to the Hospital's Workers' Compensation carrier, if applicable.

Signature of Applicant/Volunteer: _____ Date: _____

(Please print and complete)

BRAZOSPORT REGIONAL VOLUNTEERS #2152 VOLUNTEER INFORMATION

FULL NAME _____

Any Other Names Used _____

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

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

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ No. _____

Have you ever been convicted of a crime? * Yes No

Offense _____ County _____ State _____ Date _____

Offense _____ County _____ State _____ Date _____

*To disclose additional criminal history, please provide those details on a separate sheet of paper and attach it to this form.

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

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

STATE LAW NOTICES

Minnesota applicants or employees only: You have the right to request in writing from PreCheck, Inc., a complete and accurate written disclosure of the nature and scope of the report(s) requested by the Company. Place an X here _____ for a disclosure to be sent to you.

Oklahoma applicants or employees only: Mark an X here _____ for a free copy of a consumer report if one is obtained by the Company.

California applicants or employees only: Please mark this field _____ 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.

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: If an investigative consumer report has been requested by the Company, the name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document.

You have the right to inspect and receive a copy of the investigative consumer report by directly contacting the consumer reporting agency, PreCheck, Inc. In connection with the Company's request for the preparation of a consumer report or investigative consumer report about you, the Company has provided you with a copy of Article 23-A of the New York Correction Law. Please mark this field to acknowledge receipt of a copy of Article 23-A: _____

Maine applicants or employees only: If you are applying for a position in the State of Maine, you may request and promptly receive from the consumer reporting agency copies of all investigative consumer reports about you requested by the Company. The name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document.

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.

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

Signature _____ Date _____

Parent or Guardian 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.

(Please print and complete)

**BRAZOSPORT REGIONAL VOLUNTEERS #2152
VOLUNTEER DISCLOSURE & AUTHORIZATION**

FULL NAME _____
 Other Names Used _____
 Social Security No. ____/____/____ Date of Birth ____/____/____
 Driver's License State: _____ DL Number: _____

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.

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

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

¹ The Age Discrimination In Employment Act of 1967 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.