

- Bowling Green Program
- Scottsville Program



ADULT VOLUNTEER APPLICATION

Date of Application: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone (home): _____ Phone (work/cell): _____

Social Security No.: _____ Birth Month: _____ Day: _____

In case of emergency, notify:

Name _____

Phone: _____ Relationship: _____

Current Occupation: _____

Have you ever worked for Commonwealth Health Corp. or any of its entities? Yes No

If yes, when? _____

Have you been convicted of a felony within the last ten years? Yes No

If yes, explain offense, date and sentence: _____

Hobbies, Accomplishments, Skills, Interests: _____

Previous volunteer experience: _____

What type of volunteer experience are you most interested in? _____

At what times are you interested in volunteering?

Am flexible Prefer weekdays Prefer evenings Prefer weekends Prefer days

Other: _____

How did you hear about us?

Advertisement Referred by friend/volunteer Volunteer Center

From employment/retirement information Other: _____

PERSONAL REFERENCES (Not family members)

| Name | City/State | Phone | Occupation | Yrs. Known |
|------|------------|-------|------------|------------|
| | | | | |
| | | | | |
| | | | | |

EDUCATIONAL BACKGROUND

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5

| High School/College/Trade School Name, City, State | Major /Degree | Dates | | Graduate | |
|---|---------------|-------|----|----------|----|
| | | From | To | Yes | No |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Please select one or more areas in which you would like to serve:

Bowling Green

- Gift Shop
- Front Desk/Patient Information
- Medical Records/HIM
- Critical Care/Open Heart Waiting
- Patient Mail Delivery
- Cancer Treatment Center
- Outpatient
- Emergency Dept. (Patient Liaison)
- Volunteer Services Office

- Customer Service
- Adult Day Care Center
- Home Health Office
- Human Resources
- Education and Development
- Pastoral Care
- Deliver Magazines
- Information-Summer Teen Program
- Materials Distribution
- Visiting Patients

- Ambulatory Surgery/PAT
- Health and Wellness Center
- Employee Health
- Nursery/2B

Scottsville

- Visiting Residents
- Recreation Activities

What influenced you to apply as a Volunteer at The Medical Center? _____

I authorize The Medical Center Volunteer Services Department to request information concerning my character and reliability from the references I have provided to CHC. Also, I understand that to be considered as a volunteer with The Medical Center, I am required to sign a Disclosure and Release form authorizing a background investigation to be completed by the Human Resources Department at Commonwealth Health Corporation.

Signature of Applicant

Date

Mail application to:
The Medical Center Volunteer Services
250 Park Street • Bowling Green, KY 42101

Commonwealth Health Corporation # 1814
APPLICANT 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.

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.

Commonwealth Health Corporation # 1814
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

Commonwealth Health Corporation ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment, contract for services, appointment, volunteering or clinical rotation. 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 employment, contract, volunteering, privileges or appointment 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 employment, contract or privileges, 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.

Pursuant to Kentucky Law (KRS 216.793), I additionally understand for consideration for employment, placement, or job transfer within Commonwealth Health Corporation a criminal record check is a requirement and a condition of employment. The effect of each conviction upon employment status will be determined under state and federal law. Convictions may be cause for an applicant to be ineligible for continued employment. Application of Kentucky Law (KRS 216.793) affects the following Commonwealth Health Corporation departments and subsidiaries:

Home Health Services, Home Medical Equipment, Security, EMS (excluding clerical positions), The Medical Center at Franklin, Adult Day Care Center, Rehab Services, The Medical Center (Scottsville), Community Wellness

Legislative References: KRS 216.785, 42 U.S.C. 1320a-7(1) and the Fair Credit Report Act as amended by Consumer Report Act of 1996.

Although employees of the Community Wellness Department are not required by law to have an investigative inquiry completed, it is a requirement of the department's accreditation designation. Employees hired or transferred to the department will agree to have an investigative inquiry completed.

My present employer may be contacted for a job reference. Yes No

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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