



**TWIN
CITIES**
COMMUNITY HOSPITAL

APPLICATION FOR VOLUNTEER SERVICES

NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DOB: MONTH _____ DAY _____ YEAR _____

TELEPHONE: HOME _____ CELL _____ E-MAIL _____

EMPLOYMENT: CURRENT ___ LAST ___ RETIRED ___ CURRENT HIGH SCHOOL/COLLEGE STATUS

COMPANY _____ HIGH SCHOOL _____ GRADE _____

ADDRESS _____ COLLEGE _____ YEAR _____

TELEPHONE _____ EXT. _____ MAJOR _____

ARE HOURS REQUIRED FOR SCHOOL/GROUP CREDIT? YES ___ NO ___ IF YES, HOW MANY HOURS? _____

PARTICIPATION IN OTHER VOLUNTEER ACTIVITIES: (PAST OR PRESENT) _____

SKILLS – PLEASE CHECK ALL THAT APPLY: COMPUTER _____ WORD PROCESSING _____ FILING _____

PUBLIC SPEAKING _____ RETAIL SALES _____ RECEPTIONIST _____ SEWING _____ KNITTING _____

SPECIAL TALENTS AND PERSONAL INTERESTS:

HOW DID YOU BECOME INTERESTED IN OUR VOLUNTEER PROGRAM?

WHY DO YOU WANT TO VOLUNTEER AND WHAT DO YOU THINK YOU WILL GAIN BY VOLUNTEERING?

TIME AVAILABLE FOR ASSIGNMENT

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

DO YOU PREFER PATIENT OR NON-PATIENT CONTACT? _____

DO YOU HAVE AN ASSIGNMENT PREFERENCE? _____ IF SO, WHERE? _____

IN EMERGENCY NOTIFY: NAME _____ RELATIONSHIP _____

TELEPHONE: HOME _____ WORK _____ CELL _____

Believing that Twin Cities Community Hospital has need of my services as a volunteer, I agree:

- A. To hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, families, doctors or personnel, and I will not seek confidential information in regard to a patient and in accordance with Federal Law (HIPPA).
- B. That my services are donated to Twin Cities Community Hospital without contemplation of compensation, or future employment, and given with humanitarian or charitable reasons.
- C. To abide by the Bylaws and Policies of the Twin Cities Community Hospital Volunteers and to serve as a responsible member of the organization.

I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions.

SIGNATURE _____ DATE _____

State Specific Notices

* **California employees/residents:** You need not disclose any referral to, and participation in, any pre-trial or post trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.

* **Connecticut employees/residents:** You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolle, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

* **Massachusetts employees/residents:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

* **Philadelphia, PA employees/residents:** You may exclude convictions that occurred more than 7 years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the 7 year period.

* **San Francisco, CA employees/residents:** You may exclude convictions that occurred over seven years ago and a conviction or any other determination or adjudication in the juvenile justice system, or information regarding a matter considered in or processed through the juvenile justice system.

* **Washington State employees/residents:** You may exclude convictions that occurred over ten years ago.

* **Seattle, WA employees/residents:** In addition to the above, you may exclude a criminal conviction that has been the subject of a certificate of rehabilitation or other equivalent procedure based on a finding of the rehabilitation.

* **Georgia:** Applicants may exclude convictions discharged under Georgia's First Offender Programs.

* **Nevada:** Applicants are not required to disclose misdemeanor convictions which resulted in imprisonment older than 10 years.

* **New York:** Applicants for job positions may exclude an adjudication as a youthful offender.

* **Ohio:** Applicants with a conviction for a minor misdemeanor violation involving marijuana does not constitute a criminal record and does not need to be reported by the person so convicted in responding to the questions on this application.

Tenet # 12444
AUTHORIZATION

ACKNOWLEDGMENT AND AUTHORIZATION

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize a Tenet Healthcare facility, and/or their respective parents, subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company"), as applicable, to procure consumer report(s), criminal background check(s), and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the Background Check Disclosures, the Additional Disclosures, and the California State Law Disclosures (all of which I have received separately from Tenet). I have reviewed and understand the information, statements, and notices in the Background Check Disclosures, the Additional Disclosures, and the California State Law Disclosures, as well as this Background Check Authorization. My authorization remains valid throughout my employment with Tenet, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), criminal background check(s), and/or consumer credit report(s) during my employment without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by state law, I consent to and authorize Tenet to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents (including but not limited to staffing/placement company clients and vendor credentialing companies) for business reasons (e.g., to place me in certain employment positions, jobs, work sites, etc.).

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** _____

First Name: _____ **Middle Name:** _____

Last Name: _____

DOB _____ **Last four digits of SSN** _____

Parent/Guardian Signature: _____ **Date** _____

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778

Tenet # 12444
DISCLOSURE

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

A background check is a type of consumer report in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency ("CRA") to a Tenet Healthcare facility, and/or their respective parents, subsidiaries, affiliates, other related entities, successors, and/or assigns("the "Company"), as applicable.

The Company may obtain a consumer report on you to be used for employment purposes, including your application for employment.

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778