Mercer Health

Volunteer Application

Name: _____ Date: _____
(Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

Age ____ Date of Birth _____ Home Phone _____ Cell _____ E mail _____

Contact in case of emergency: _____ relation _____ phone _____

Present employment (or most recent) _____ (dates) _____

Work Phone: _____ Hours/schedule _____ Type of work _____

Students: Name of School _____ Grade (circle) 9 10 11 12 Graduation year _____

Career interest _____

Volunteer Interest _____

Interests, Skills, School Activities, Hobbies _____

Volunteer Experience _____

Why are you interested at volunteering at Mercer Health? _____

Family Physician: _____ Phone: _____

Have you been convicted of a felony? ____Yes ____no, if yes, please explain _____

Two references are required. (Other than family.)

1. Name _____ Phone _____

   Address: _____ City _____ State _____ Zip _____

   How long have you known them & in what capacity? _____

2. Name: _____ Phone _____

   Address: _____ City _____ State _____ Zip _____

   How long have you known them & in what capacity? _____

Skill or interest you would like to share – please check all that apply: Accounting _____ Art/drawing _____ Computer _____ Eucharistic Minister _____ Filing _____ Mailings _____ Nursing/Patient care _____ Organization _____ Photography _____ Public speaking _____ Reading to adults/children _____ Retail _____ Sewing _____ Teaching _____ Telephone _____ Typing _____ Special Events _____

I understand that if I am accepted as a volunteer it would be under an introductory period; that if in the judgment of the institution, I prove unsatisfactory during this period, the volunteer opportunity would be terminated. I also understand that my volunteering at Mercer Health is contingent upon my satisfactory completion of all training requirements. Volunteer opportunities are without regard to religion, creed, national origin or sex.

Applicant's Signature: _____ Date _____
Your signature indicates your approval for a required background check, your consent for us to contact your physician and your permission to receive the required TB Test.

Parent's Signature: _____ Date _____
(Required if applicant is under 18)
Your signature indicates your approval for your child's participation in the teen volunteer program, a required background check, your consent for us to contact your child's physician and your permission for your son or daughter to receive the required TB Test.

VOLUNTEER INQUIRY RELEASE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original.

Signature_____ **Date**_____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____ _____-_____-_____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS_____CITY_____STATE_____ZIP_____

DRIVER'S LICENSE NUMBER_____STATE ISSUED _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY_____ STATE_____; COUNTY_____ STATE_____; COUNTY_____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____

My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

Notice to California Applicants:
Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

By checking this box, I request to receive a free copy of any "Report" ordered on me. ☐

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Customer Number MCH101#00001 Location or Store Number_____ Date Submitted _____

Contact Person _____ Phone Number _____ Position Applied For _____

Information Requested:

Combined Report:_____

Individual Reports:

Criminal Convictions ☐ County(s) and state(s) _____

Motor Vehicle Report ☐ Credit Report ☐ Education ☐ Workers' Comp ☐

Prior Employment: Last 2 ☐ Last 3 ☐ Professional License ☐ Other: _____

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