



Northeast Georgia Health System VOLUNTEER SERVICES
Gainesville Campus: 743 Spring Street, Gainesville, GA 30501
 770-219-1830 • Fax: 770-219-5408
Braselton Campus: 1400 River Place, Braselton, GA 30517
 770-848-1890 • Fax: 770-848-4937
Barrow Campus: 316 N Broad Street, Winder, Georgia 30680
 770-848-1830 • Fax 770-848-4937

Teen Volunteer Application

Applicant Information

Name: _____
 Last First Middle (Required) Name Called

Street Address Apartment/Unit #

City State ZIP Code

Email: _____

Cell Phone: _____ Home Phone: _____ Date of Birth: _____

Age: _____ T-Shirt Size: _____

Are you interested in volunteering at the Gainesville, Braselton or Barrow campus? _____

Family Doctor: _____
 Name Phone

Education and Extracurricular Involvement

Current Grade in School: _____ Name of School Attending: _____

Languages spoken other than English: _____

School or Community Organization / Club Involvement:

Special Interests, Hobbies, or Skills:

Volunteer Experience:

Personal References

Teacher: _____
 (English/Math/Science) Name Phone

Another Adult: _____
 (Not a Relative) Name Phone

Emergency Contact Information

Mother: _____
Name and address *Occupation*

Employer *Cell Phone* *Work Phone*

Father: _____
Name and address *Occupation*

Employer *Cell Phone* *Work Phone*

Person to contact in case of emergency (if different from those listed above):

Name *Relationship* *Phone*

To Be Completed by Teen

Please fill out the application completely and mail or fax it to the campus where you would like to volunteer. Upon receiving your application, we will email you instructions regarding scheduling your interview. Bring your MMR documentation and reference form to your interview.

I accept and agree to fulfill the program requirements. Since NGHS will depend on me for the time I agree to volunteer, I will make every effort to fill my shift. When it is necessary for me to be out, I will ask another teen volunteer to volunteer in my place and notify the Volunteer Services office of the change.

Signature *Date*

To Be Completed by Parent/Guardian

My daughter/son, _____, has my consent to serve as a teen volunteer for Northeast Georgia Health System. I will support the responsibilities she/he accepts as a teen volunteer.

Parent / Guardian Signature *Date*

For Office Use Only

Date of Interview: _____ Initials: _____ Approved: _____ Not Approved: _____

Remarks: _____



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Teen Volunteer Teacher Reference Form

To Be Completed by the Applicant and a Parent

I give permission for the release of any information and/or records requested by Volunteer Services of Northeast Georgia Health System, Inc.

Name of Student

Name of School

Signature of Student

Signature of Parent/Guardian

To Be Completed by English, Math or Science Teacher

Your name has been given as a reference by the student listed above who has applied to be a Teen Volunteer for Northeast Georgia Health System. Please assist us by responding to the information below and add any additional comments you consider to be helpful. Thank you for your cooperation and prompt response by returning this form immediately.

1. Scholastic grade average _____
2. Is the applicant a responsible individual? _____
3. Would you recommend this student for the Teen Volunteer Program? _____
4. To your knowledge, has the applicant had any physical or emotional problems that would affect working with patients? _____

If yes, please explain:

Additional Comments:

Teacher Signature

Class

Date



[IMPORTANT-PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

NGHS-Volunteer Services Dept (the company) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. 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, drug screenings or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **MBI Worldwide, 101 N. Park Ave., Suite 200, Herrin, IL, 62948; Toll-free 866-275-4624; www.mbiworldwide.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Required for applicants 18 years of age or younger

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

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 by NGHS-Volunteer Services Dept (the company) at any time after receipt of this authorization and throughout my employment, 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 **MBI Worldwide, 101 N. Park Ave., Suite 200, Herrin, IL 62948; Toll-free 866-275-4624; www.mbiworldwide.com** and/or NGHS-Volunteer Services Dept (the company). I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

New York City applicants only: You acknowledge and authorize the NGHS Volunteer Services Dept to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.

Washington State applicants only: 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.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Required for applicants 18 years of age or younger



BACKGROUND INFORMATION

Please print/type the requested information.
Lack of legible or missing information may delay processing of this request.

Applicant Name:

Last	First	Middle
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Other legal names known by (limit to 7years):

Present Address:

Street	City	State	Zip	County
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Date of Birth*: _____ / _____ / _____ Driver's License # _____ State _____
(MM/DD/YYYY)

SS#: _____ Male / Female (Circle One) Race _____

Home Addresses for the Past 7 Years: (List additional addresses on separate page, if needed.)

Street Address	City	State/Zip	County	Dates	Mo/Year
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Applicant Phone Number: _____
(Area Code) + Telephone Number

Applicant Email Address: _____
Please Print Clearly

*This information will be used for background screening purposes only and will not be used as hiring criteria.



Georgia Bureau of Investigation Georgia Crime Information Center

I hereby authorize **NGHS Volunteer Services Department** and MBI Worldwide, 101 N. Park Ave., Suite 200, Herrin, IL 62948; Toll-free 866-275-4624; and its applicable clients to receive any Georgia criminal history record information about me which may be in the files of any state or local justice agency in Georgia.

Last Name First Name Middle Name

KNOWN ALIAS #1 KNOWN ALIAS #2

KNOWN ALIAS #3 KNOWN ALIAS #4

Address

City, State Zip Code

Male/Female _____ Race _____

Date of Birth Social Security Number

Applicant Signature Date

Expiration:
I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

*** If applicant is under the age of 18, we will require a parent or legal guardian's signature ***

Parent/Legal Guardian's Signature Date