

TEEN VOLUNTEER APPLICATION

Applicant Information

Indicate your main campus location of interest:

☐ Gainesville Campus

Braselton Campus

Barrow Campus

Lumpkin Campus

(Please either print your completed application and mail it to Northeast Georgia Health System, 743 Spring Street, Gainesville, GA 30501, or save and email it to auxiliary@nghs.com)

Name: _____
Last First Middle Name Called

Street Address: _____ Apartment/Unit # _____

City: _____ State: _____ ZIP Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Birth Date: _____ Age: _____

Physician 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/History/Science)

Another Adult: _____
(Not a Relative)

Phone

Name

Phone

Emergency Contact Information

Mother: _____
Name _____ Occupation _____

Employer _____ Cell Phone _____ Work Phone _____

Father: _____
Name _____ 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

My parents/guardian and I understand that volunteer applicants of Northeast Georgia Health System are required to fulfill all Volunteer Service requirements, including completion of the application, interview, NGHS health requirements, and NGHS Volunteer Orientation. My parents and I authorize Northeast Georgia Health System to check all references required and to perform a criminal background check to acquire reference information. My parents and I release the Health System from any liability based on such releases. I also certify the application information is accurate and complete and that the Health System may accept volunteers at its sole discretion and may release a volunteer at any time from serving the organization.

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:



Northeast Georgia Health System Auxiliary

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, History 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 for employment (including contract or volunteer services) purposes from a third party consumer reporting agency. 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 with sources such as your neighbors, friends, or associates. 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, including drug screening. 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 disclosure of the nature and scope of any investigative consumer report and to request a copy of your 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 **MBI Worldwide, Corporate Headquarters, 101 North Park Drive, Suite 200, Herrin, IL 62948, (866) 275-4624, www.mbiworldwide.com**, 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 to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by NGHS - Volunteer Services Dept by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by NGHS - Volunteer Services Dept and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees 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.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled 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 NGHS Volunteer Services Dept. 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. 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 office of 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

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

Present Address:

Street

City

State

Zip

County

Date of Birth*:

(MM/DD/YYYY)

Driver's License #

State

SS#*: _____

Male Female

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

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize MBI Worldwide to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☒ This authorization is valid for 90 days from date of signature.

☒ I, _____, give consent to the above-named
entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

PLEASE SELECT PURPOSE CODE BELOW THIS LINE - PLEASE USE "E" CODE IF OTHER CODES DO NOT APPLY

Purpose Code Used: (check only one) Please Use Code "E" if other codes do not apply

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

FOR OFFICE USE ONLY- DO NOT COMPLETE BELOW

<input type="checkbox"/>	No Criminal Record Available Criminal
<input type="checkbox"/>	Record (Attached/Released)
<input type="checkbox"/>	Possible SO information
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

GEORGIA BUREAU OF INVESTIGATION
GEORGIA CRIME INFORMATION CENTER

*I hereby authorize Northeast Georgia Health System Volunteer Services, Gainesville, GA 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: _____

KNOW ALIAS #1: _____

KNOW ALIAS #2: _____

KNOW ALIAS #3: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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.