



Adult and College Volunteer Application

APPLICANT INFORMATION

Indicate your main campuses of interest:

Gainesville Campus
743 Spring Street
Gainesville, GA 30501
Phone 770-219-1830
Fax 770-219-5408

Braselton Campus
1400 River Place
Braselton, GA 30517
Phone 770-848-1890
Fax 770-848-4937

Barrow Campus
316 North Broad Street
Winder, GA 30680
Phone 770-848-1830
Fax 770-848-4937

Lumpkin Campus
743 Spring Street
Gainesville, GA 30501
Phone 770-219-1830
Fax 770-219-5408

Title:

Mr. Mrs.
 Ms. Dr.

Name:
Last First Middle (Required) Name Called

Street Address: Apartment/Unit #:

City: State: Zip Code:

Cell Phone: Home Phone:

E-Mail Address: Date of Birth:

How did you become interested in volunteering?

- Hospital Stay
- Hospital Visitor
- Internet
- Newspaper
- Friend Name:

General Health:

- Excellent
- Good
- Fair
- Poor

Do you have any physical or health limitations?

NO YES Please explain:

Are you currently a college student?

NO YES Where?

Have you ever been convicted of any felony or crime other than a minor traffic violation? NO YES (explain)

Have you ever pled guilty or no contest to a crime, or do you have any criminal charges pending? NO YES (explain)

EMERGENCY CONTACT INFORMATION

Name:
Last First M.I. Relationship

Street Address: Apartment/Unit #:

City: State: Zip Code:

Cell Phone: Home Phone:

Name of Physician: Physician's Phone:

REFERENCES:

List two personal references including a former employer, if applicable. (Please exclude relatives.)

Full Name: Company: Phone:

Relationship: Address:

Full Name: Company: Phone:

Relationship: Address:

SCHEDULE AVAILABILITY & AREAS OF INTEREST

Indicate days and hours are you available to volunteer.
Flexibility in schedule is most helpful:

	Morning 8:30-12:30	Afternoon 12:30-4:30	Evening 4:30-6:30	Night 6:30-8:30
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us in which areas you are interested in volunteering:

- | | |
|---|---|
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Pet Therapy
<i>(Requires certification with specific agencies.) Indicate Certification:</i> |
| <input type="checkbox"/> Golf Cart Driver | <input type="checkbox"/> Happy Tails |
| <input type="checkbox"/> Greeter/Escort | <input type="checkbox"/> Alliance of Therapy Dogs |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Therapy Dogs International |
| <input type="checkbox"/> Information Desk | <input type="checkbox"/> Pet Partners |
| <input type="checkbox"/> Inpatient Rehab | <input type="checkbox"/> <i>Plan-in-a-Can Project</i> |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Love Light | <input type="checkbox"/> Stewardship Calls |
| <input type="checkbox"/> Marketplace | <input type="checkbox"/> Visitor Waiting Areas |
| <input type="checkbox"/> Mended Hearts
<i>(Requires membership within the Mended Hearts Chapter)</i> | |
| <input type="checkbox"/> Patient Mail | |
| <input type="checkbox"/> Patient Friend | |
| <input type="checkbox"/> Nursing Units | |
| <input type="checkbox"/> Oncology | |
| <input type="checkbox"/> Emergency Services | |

SKILLS/HOBBIES/EXPERIENCE

Special Skills and Experience:

Community Affiliations and Volunteer Experience:

AUXILIARY MEMBERSHIP

Northeast Georgia Health System Auxiliary is led by a board of Health System volunteers and designated Health System Management as ex-officio members. Board members are elected by the Auxiliary's Nominating Committee and approved by the Auxiliary Membership. Membership dues are a minimum of \$25 per year. The Health System Auxiliary donates funds generated through volunteer efforts and Auxiliary projects to Northeast Georgia Health System Foundation to enhance services of Northeast Georgia Health System. To join the Auxiliary, go to nghs.com/medical-center-auxiliary.

AGREEMENT AND SIGNATURE

I understand that volunteer applicants of Northeast Georgia Health System must fulfill all Volunteer Services requirements, including completion of application, interview, tuberculosis test, proof of MMR/Varicella, fully vaccinated against COVID-19, and current flu shot. I authorize Northeast Georgia Health System to check any references requested and to perform a criminal background check for the purpose of acquiring reference information, 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 in its sole discretion and may release a volunteer at any time from serving the organization.

Signature: _____

Date: _____

For Office Use Only:

Interview Date: _____ Initials: _____ Comments: _____

DISCLOSURE AND AUTHORIZATION
[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.

<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>

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 volunteering, 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.

<p><u>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</u></p>
<p>New York City applicants only: You acknowledge and authorize the NGHS Volunteer Services 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.</p>
<p><u>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.</u></p>
<p>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. <input type="checkbox"/></p>

Signature: _____ Date: _____



APPLICANT 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

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

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 checked="" 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 NGHS, 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

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.