

PLANTATION GENERAL HOSPITAL VOLUNTEER SERVICES VOLUNTEER APPLICATION FORM

The information on this form will help us to find the most satisfying and appropriate volunteer service for you. Your cooperation in completing it is most appreciated.

NAME: _____
(LAST) (FIRST)

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ EMAIL ADDRESS: _____

IN EMERGENCY NOTIFY: _____ RELATIONSHIP: _____ PHONE NO: _____

ARE YOU PRESENTLY EMPLOYED?: YES _____ NO _____ IF YES, HOURS PER WEEK: _____

EMPLOYER'S NAME AND ADDRESS: _____

SPECIAL SKILLS/TRAINING:

PREVIOUS OR PRESENT VOLUNTEER EXPERIENCE: _____

LANGUAGES SPOKEN OTHER THAN ENGLISH: _____

SPECIAL AREA OF INTEREST TN THE HOSPITAL: _____

PLEASE INDICATE WHICH HOURS SHIFT(S) YOU WOULD BE AVAILABLE:

MONDAY _____ HOURS _____ FRIDAY _____ HOURS _____

TUESDAY _____ HOURS _____ SATURDAY _____ HOURS _____

WEDNESDAY _____ HOURS _____ SUNDAY _____ HOURS _____

THURSDAY _____ HOURS _____

HAVE YOU EVER HAD A SERIOUS INJURY OR ILLNESS WHICH WOULD PREVENT YOU FROM PERFORMING DUTIES OF A PHYSICAL NATURE?

_____ YES _____ NO IF YES, PLEASE EXPLAIN: _____

ANY FURTHER COMMENTS OR INFORMATION YOU MIGHT WISH TO OFFER: _____

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

Full Name: _____

Any Other Names Used: _____

Email Address: _____ (Provide if you prefer to receive information via email)

Social Security No: _____ / _____ / _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Driver's License State: _____ No. _____

Have you ever been convicted of a crime? Yes No

Offense: _____ County: _____ State: _____ Date: _____

Offense: _____ County: _____ State: _____ Date: _____

*To disclose additional criminal history, please provide those details on a separate sheet of paper and attach it to this form. Please provide all locations where you have resided for the past seven (7) years, starting with your current residence.

	City	State	Dates	From	To
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

STATE LAW NOTICES

Minnesota applicants or employees only: You have the right to request in writing from PreCheck, Inc., a complete and accurate written disclosure of the nature and scope of the report(s) requested by the Company. Place an X here ___ for a disclosure to be sent to you. Oklahoma applicants or employees only: Mark an X here ___ for a free copy of a consumer report if one is obtained by the Company. California applicants or employees only: Please mark this field ___ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. . New York applicants or employees only: If an investigative consumer report has been requested by the Company, the name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document. You have the right to inspect and receive a copy of the investigative consumer report by directly contacting the consumer reporting agency, PreCheck, Inc. In connection with the Company's request for the preparation of a consumer report or investigative consumer report about you, the Company has provided you with a copy of Article 23-A of the New York Correction Law. Please mark this field to acknowledge receipt of a copy of Article 23-A: _____. Maine applicants or employees only: If you are applying for a position in the State of Maine, you may request and promptly receive from the consumer reporting agency copies of all investigative consumer reports about you requested by the Company. The name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document. Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy. Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature _____ Date _____

**PLANTATION GENERAL HOSPITAL- VOLUNTEER #11180
VOLUNTEER DISCLOSURE & AUTHORIZATION**

Full Name: _____

Other Names Used: _____

Social Security No: _____ / _____ / _____ Date of Birth: _____

Driver's License State: _____ DL Number: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Plantation General Hospital - Volunteer ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. 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. 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. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1 (888)PreCheck [1-888-773-2432] 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 volunteering with the Company to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

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" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature _____ Date _____

Nevada Private Investigator License# 1618

Ver. 0913

www.PreCheck.com info@precheck.com ph: 800-999-9861 fax: (800) 207-2778

