

Newman Regional Health
1201 W 12th Ave.
Emporia, KS 66801

Volunteer Profile

Name _____ Date _____
 First Middle Last

Address _____ Work or Cell Phone _____
 Street City State Zip Home Phone _____

EMAIL: _____

EMERGENCY CONTACT:

Name _____ Address _____ Phone _____ Relationship _____

Name _____ Address _____ Phone _____ Relationship _____

Work Status _____ Employed _____ Retired _____ Unemployed _____

Current or last Place of Employment _____ Years Employed _____

Have you been employed by Newman Regional Health? No _____ Yes _____ If yes, dates _____

Please explain: _____

Have you ever committed, been convicted of, or pled guilty to a felony or a misdemeanor? (Note Conviction of a crime is not necessarily grounds for disqualification.) Yes ___ NO ___

If yes, explain. _____

Do you know any reason you can not perform the essential functions of the volunteer position you are applying for, with or without accommodations? Yes ___ No ___

Please describe any accommodations required: _____

Service Area Opportunities – (Check all areas of interest)

- | | |
|--|---|
| <input type="checkbox"/> Baking at Home | <input type="checkbox"/> Crafts for Gift Shop |
| <input type="checkbox"/> Snack Bar | <input type="checkbox"/> Magazines for Lobbies |
| <input type="checkbox"/> Blood Mobile | <input type="checkbox"/> Floor Worker (<i>Deliver mail & Flowers</i>) |
| <input type="checkbox"/> Medical Plaza Information Desk | <input type="checkbox"/> Gift Shoppe |
| <input type="checkbox"/> (East) Patient Information Desk | <input type="checkbox"/> (North) Patient Information Desk |
| <input type="checkbox"/> Loving Arms infants, Toddlers
& Late Adulthood | <input type="checkbox"/> Surgery Patient Information Desk |
| | <input type="checkbox"/> CDU Information Desk |

Areas of Interest: Patient Contact _____ Public Contact _____ Clerical _____

Other _____

How did you hear about Newman's Volunteer Program?

Friend _____ Newspaper _____ Brochure _____ Other _____

List Previous Volunteer Experience. _____

VOLUNTEER AVAILABILITY (Mark days and times you are available to work)

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

Shifts Available: ___Mornings (8=12) ___Afternoons (12-4) ___Evenings

Comments _____

PERSONAL WORK REFERENCES – Please list 2 References (*Do not use Physicians or Relatives*).

1 _____
Name Address Phone

2 _____
Name Address Phone

HEALTH INVENTORY:

Chronic illness or health problems: _____

Present Medications: _____

Allergies: _____

Physician: _____

Applicant :(All Applicants)

I affirm that all information on this application is true and accurate.

I understand that before I begin my volunteer service, I will complete the application requirements, submit to a reference check, fulfill orientation obligations and training sessions if required, and submit to a T. B. Test if working in the hospital.

I understand that this application does not guarantee a volunteer placement at Newman Regional Health and that if accepted, I will not receive payment for my service.

Signature of Applicant Date

Newman Regional Health is an Equal Opportunity Employer. Opportunity for volunteer service is provided without regard to race, color, religion, sex, national origin, or disability.

Department Use:

Scheduled _____

Application _____ Confidentiality Form _____ T.B.Test _____ Name Badge _____

Placement _____

Orientation Date _____ Handbook _____ Job Description _____

NEWMAN REGIONAL HEALTH

**IMPORTANT NOTICE: This form is NOT part of the application.
By signing this form you are authorizing us to perform a thorough check into your background.**

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize **Newman Regional Health**, by and through its independent contractor, **ADP SCREENING AND SELECTION SERVICES (“ADP”)**, to procure a consumer report and/or investigate report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **ADP**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 *et. seq.*

I further authorize any person, business entity or governmental agency who may have information relevant to the above disclose the same to **Newman Regional Health**, by and through **ADP**, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **Newman Regional Health**, **ADP** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative report hereby authorized. I understand that the Authorization/Release form shall remain in effect for the duration of my volunteer time with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application for volunteering will be terminated based on any false, omitted or fraudulent information.

Signature _____

Printed Name _____ Date: _____
 First Middle Last

Current Address _____
 Street/PO Box City State Zip Code County Dates

Former Address _____
 Street/PO Box City State Zip Code County Dates

Social Security # _____ Daytime Telephone # _____

Driver's License # _____ State of Issuance _____ Date of Birth* _____ Gender* _____

- Have you ever been convicted of a crime or convicted in military court martial? Yes___ No___
- Have you even been sanctioned or had your license suspended or revoked? Yes___ No___
- Are you currently under any investigation or pending charge? Yes___ No___

*This information will enable us to properly identify you in the event we find adverse information during the course of our background search.