

# Volunteer Application

Name _____ <i>(Last)</i> <i>(First)</i> <i>(Middle)</i>	Date _____
Address _____ <i>(Street)</i> <i>(City)</i> <i>(State)</i> <i>(Zip)</i>	
Home Phone _____ Cellular _____	Work Phone _____
How do you prefer to be contacted? Phone/Text/Either? _____	
Email Address _____	Date of Birth _____

How did you become interested in our Volunteer Program? \_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered for this organization before?  Yes  No

Volunteer Experience \_\_\_\_\_  
\_\_\_\_\_

**Current or Last Employment:**

Employer's Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employer street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation (Type of work): \_\_\_\_\_ May we call you at work?  Yes  No

**In case of emergency:**

Person to be notified: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

***Important Information:*** All Volunteers are required to receive a TB Questionnaire and Quantiferon Gold blood test (TB Test) before starting volunteer hours and a Flu shot (annually) during Flu Season (Oct – April or May) **Personal or Professional References (*References must be over 21 and not members of your family*):**

Your references must submit a written document to: Volunteer Services, Genesis Healthcare System, 2951 Maple Ave, Zanesville, OH 43701.

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please indicate any area(s) you would be willing to share as a volunteer:

- A.A. (Alcoholics Anonymous: 1yr sobriety & must be active in A.A.)
- Behavioral Health Peer Support (1yr sobriety, prefer volunteers that have been through the Genesis Outpatient Program, but not required)
- N.A. (Narcotics Anonymous: 1yr sobriety & must be active in N.A.)
- Cookie Cart  CCU Lounge  ED (Emergency Room)  Family Practice/Office work: (New Concord & New Lexington)
- Fundraising  Gift Shop (Am or PM or Weekdays or Weekends)  Information desk  Concierge (Main Entrance)
- Pavilion (Concierge)  Imaging Escort  Imaging – HealthPlex (mailing / Office)  Mended Hearts (Must have had a heart condition)
- Office Work (within the hospital)  Pet Therapy (Need to have a certified dog)  Sewing
- Spiritual Care  Transport  Warm Hands (Peer Support for addicts in E.R.)
- Volunteer Office: (mailings/chart packs/envelope stuffing/tray favors)

**Background Checks:**

We consider the safety and security of our patients to be of the utmost importance. Applicants must complete a Background History form to be screened at our cost for criminal background histories by state and/or federal agencies. Persons who have been convicted of any felony offense or misdemeanor offenses involving drugs, child abuse, assault or any violent behavior are **not** eligible to volunteer at Genesis HealthCare System.

Have you ever been convicted of a felony or misdemeanor offense?  Yes  No

Have you ever been terminated from volunteering or a paid position?  Yes  No

**Confidentiality Statement**

I will consider as confidential, all information which I may gain in my volunteer position, directly or indirectly, concerning patients, doctors, staff, employees, families, and volunteers. I understand that my volunteer service will be terminated as a result of any breach of confidentiality.

Your signature indicates your approval for us to check references and conduct a background check. Your signature also indicates your agreement to participate in the TB Questionnaire/Quantiferon Gold blood test (TB Test) and Flu Vaccine as a requirement of all volunteers and employees of Genesis HealthCare System. Genesis HealthCare System is not obligated to provide a placement, nor are you obligated to accept the position offered.

Opportunities for Volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO OBTAIN CONSUMER REPORT**

**PURSUANT TO 15 U.S.C. 1681b(b)(2)(B).**

I authorize Genesis HealthCare System to obtain a consumer report for volunteer purposes. I understand that an inquiry may include but is not limited to: criminal records, credit records, address verification, civil court records, bankruptcy records, personal or professional references, education verification and copies of prior personnel files. An inquiry may be made as part of the screening process as well as at any time during the course of my volunteering with the company. No additional notice or authorization shall be needed for future inquiries and to obtain additional consumer reports.

Name of Authorizing Consumer: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Signature of Authorizing Consumer: \_\_\_\_\_

This authorization and disclosure is pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(B).

Note: The FCRA requires that a consumer must authorize in advance the procurement of a consumer report for employment purposes.

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

The purpose of listing your date of birth and social security number is solely for identification purposes while conducting a background screening.