

Volunteer Information

Thank you for your interest in becoming a volunteer at Good Samaritan Regional Medical Center. Enclosed please find an informational brochure, application form, criminal records check consent/authorization, a summary of your rights under the Fair Credit Reporting Act, reference forms, and a return envelope.

Process for becoming a Good Samaritan Regional Medical Center Volunteer:

1. Fill out and mail in the enclosed application materials. The reference forms must be completed by individuals outside your family (friends, teachers/professors, work associates).

Applications will be considered complete only when all forms are received by the Volunteer Services Department. This includes the application form, two references and the criminal records check consent/authorization form.

2. Volunteers are placed based on skills and available positions.

At the interview you will receive volunteer information, and review service descriptions and schedules. We will review your skills and interests. When a volunteer assignment has been determined, you will receive a packet of information which will include required training and medical forms.

3. You will be scheduled to attend a **mandatory** general and volunteer orientation sessions, where you will receive important required information. **These sessions are always held on a Tuesday from 8:00 am to 3:00 pm.**
4. You will have a two step tuberculin test and complete a Volunteer Medical Information form with Employee Health.
5. You will have your picture taken for an identification badge.
6. You will be trained for your area of service.

Other requirements:

- Volunteers must be at least 15 years of age to participate.
- Volunteers must make a minimum commitment of six months.
- Typically individuals volunteer once per week for 2 to 4 hours.

Thank you for your interest in Good Samaritan Regional Medical Center!

For questions or additional information please contact the Volunteer Services Department at 541-768-5083 or by e-mail GSRMCVolunteerServices@samhealth.org.



VOLUNTEER APPLICATION
GOOD SAMARITAN REGIONAL MEDICAL CENTER
Volunteer Services Department
3600 NW Samaritan Drive, P.O. Box 1068
Corvallis, Oregon 97339 (541) 768-5083

FOR OFFICE USE ONLY
 Date rec'd _____
 Contact _____

 Interviewed _____

INSTRUCTIONS: Please furnish all information requested on this form. If you wish to supply additional education or work history information, attach a separate sheet. Please type or print clearly all information. We appreciate your interest in volunteering here and we are sincerely interested in your qualifications. A clear understanding of your abilities and interests will aid us in placing you in an available opening for which you are best suited.

Good Samaritan Regional Medical Center/Samaritan Health Services does not discriminate in volunteer practices because of race, color, religion, sex, age, disability, national origin, marital status, family relationship, or association with anyone of a particular race, color sex, national origin, marital status, or religion

Personal Data

Name

_____ Last _____ First _____ Middle _____

Mailing Address

_____ Street _____ City _____ State _____ Zip _____ () _____ () _____
 Home Phone Number Work Number
 _____ () _____
 Cell Phone Number E-mail Address

Education

High School

_____ Name _____ Location _____ Diploma Received? _____

College or Schools after high school (including military service)

_____ Name _____ Location _____ Academic Major or Trade _____ Degree Received? _____

_____ Name _____ Location _____ Academic Major or Trade _____ Degree Received? _____

Work Experience

Name of employer, address, phone #	Dates employed From: _____ To: _____	Job title and description of duties:
Name of employer, address, phone #	Dates employed From: _____ To: _____	Job title and description of duties:

Volunteer Experience

Name of volunteer organization, address, phone #	Dates of service: From: _____ To: _____	Type of service:
Name of volunteer organization, address, phone #	Dates of service: From: _____ To: _____	Type of service:

Did you work for any of the above organizations under a different name? _____ If yes, please give the name under which you worked for each organization: _____

Have you been convicted of a criminal offense within the past five years (do not include minor traffic violations)? Yes _____ No _____. (A yes answer to this question will not necessarily bar the applicant from volunteering.) If yes, explain fully _____

Skills

PLEASE CHECK TRAINING AND/OR EXPERIENCE:

_____ Word Processing _____ Computers _____ Bookkeeping _____ Accounting _____ Sewing

Describe other specialized job skills or abilities which will assist in evaluating your qualifications

Volunteer Work Desired

If known, please list type of volunteer position desired:

Days Preferred

Time Preferred

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Morning Afternoon Evening

Special Interests

Names and phone numbers of references submitted with this application:

1.) _____ 2.) _____

IN CASE OF ILLNESS WHILE ON DUTY, CONTACT:

Name

Relationship to Applicant

Address

City State Zip

Home Phone Business Phone

Family Doctor

Business Address

City State Zip

Business Phone

Volunteer Commitment

Upon acceptance to the volunteer program, I will accept responsibility to be punctual and dependable. I will perform my assignments, refrain from doing what I have not been trained to do, and abide by hospital ethics and policies.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I CERTIFY THAT THE INFORMATION SET FORTH IN THIS VOLUNTEER APPLICATION IS TRUE AND COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF ACCEPTED AS A VOLUNTEER FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR MY DISMISSAL.

I FURTHER UNDERSTAND THAT MY VOLUNTEERING IS CONTINGENT UPON SUCCESSFUL COMPLETION OF REFERENCES, EDUCATIONAL REQUIRED HEALTH TESTING AND INFORMATION AND CRIMINAL BACKGROUND INFORMATION FURNISHED BY ME. I CONSENT TO AND AUTHORIZE THE VOLUNTEER SERVICES OFFICE TO REQUEST ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT/ VOLUNTEERING RECORD AS INDICATED ON THIS APPLICATION. I HEREBY RELEASE ALL PARTIES AND PERSONS CONNECTED WITH ANY REQUEST FOR INFORMATION FROM ALL CLAIMS, LIABILITIES, AND DAMAGES FOR WHATEVER REASON ARISING OUT OF FURNISHING SUCH JOB/VOLUNTEERING RELATED INFORMATION.

Signature of Applicant

Date

Consent (for junior volunteers only)

My daughter/son _____ has my consent to serve as a volunteer at Good Samaritan Regional Medical Center/Samaritan Health Services, Corvallis, Oregon, meeting all the above stated requirements.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

**GOOD SAMARITAN REGIONAL MEDICAL CENTER
VOLUNTEER SERVICES DEPARTMENT
3600 NW Samaritan Drive, Corvallis, OR 97330**

REFERENCE FORM

Name of Applicant

The above named applicant has requested you to write a reference for a volunteer application. The applicant must include this completed reference form with their application. Please complete the areas which you feel comfortable commenting upon. Thank you for your assistance.

How long have you known the applicant?

From _____ to _____

In what capacity or job?

Please complete the following:

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
1. Work habits	_____	_____	_____
2. Responsibility	_____	_____	_____
3. Interaction	_____	_____	_____
4. Leadership	_____	_____	_____
5. Dependability	_____	_____	_____
6. Other: _____ _____	_____	_____	_____

Please share any additional information that will support your evaluation of the applicant:
(Use reverse side or additional paper if needed.)

Signature

Date

Printed Name

Phone #: _____

Address: _____

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5. Dependability	_____	_____	_____
6. Other: _____ _____	_____	_____	_____

Please share any additional information that will support your evaluation of the applicant:
(Use reverse side or additional paper if needed.)

Signature

Date

Printed Name

Phone #: _____

Address: _____

Applicant: Please retain this copy for your reference

Samaritan Health Services criminal history/background checks are conducted using a third party consumer reporting agency and are therefore governed by the Fair Credit Reporting Act (FCRA) legislation and guidelines. The following is a disclosure of your rights as defined by the FCRA.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, DC 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are a victim of identity theft and place a fraud alert on your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give our information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit .
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688 (1-888-5-OPTOUT) see www.ftc.gov/privacy/protect.htm .
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit .

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA/ Washington, DC 20580 (202) 326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency/ Compliance Management/ Mail Stop 6-6/ Washington, DC 20219 (800) 613- 6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board/ Division of Consumer & Community Affairs/ Washington, DC 20551 (202) 452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision/ Consumer Programs/ Washington, DC 20552 (800) 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration/1775 Duke Street/ Alexandria, VA 22314 (703) 518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 (800) 934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation/ Office of Financial Management / Washington, DC 20590 (202) 366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture/ Office of Deputy Administrator – GIPSA/ Washington, DC 20250 (202) 720-7051

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A, 600 Pennsylvania Ave. NW, Washington, DC 20580

Criminal Records Check Consent/Authorization



In order to serve the best interest of the patients of Samaritan Health Services, we deem it necessary to conduct criminal record checks on all volunteer applicants. The following request for information must be completed by you, the applicant, and returned to the volunteer coordinator prior to any volunteer service. Your signature on this form authorizes Samaritan Health Services to obtain information from any law enforcement agency, court and/or record source, or consumer reporting agency, and investigate any matter relevant to the evaluation of your suitability for volunteer service with Samaritan Health Services. This form will be kept separate from your application until the final evaluation process for volunteer services is conducted by the volunteer coordinator.

Any falsification, misinterpretation, or omission of required information will result in denial of service or immediate termination, regardless of when and how discovered. Disclosure of a criminal history/ conviction does not necessarily disqualify an applicant from service.

This consent form does not apply to criminal records expunged (obliterated) pursuant to ORS 419.262. Information obtained by a criminal records check will be used for volunteer purposes only, to the extent permitted by the applicable law. Criminal background checks conducted using consumer reporting agencies are governed by the federal Fair Credit Reporting Act—please read the attached “Summary of Your Rights Under the Fair Credit Reporting Act” and keep it for your reference.

Full Name (include <u>ALL</u> names used, past and present, including middle name and maiden/former surnames)
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Date of Birth	Social Security Number — —	Driver’s License Number and State
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List complete address and telephone number
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List states/counties outside of Oregon where you have lived in the past 5 years

Have you ever been convicted of a felony or misdemeanor? Y / N if yes, list <u>charge(s)/state(s)</u> in which charged.
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I have read and understand this request for information and the attached Summary of Rights under the Fair Credit Reporting Act and agree to hold Samaritan Health Services, its officers, agents, and employees harmless from any liability resulting from the use of the information requested.

Applicant’s Signature _____ Date _____

For Employment with SHS Volunteer Service with SHS Program/Entity _____

CIS Check Date

By

(For HR use)

Record Found: Yes No

Approved for Hire: Yes No

Recruiter: _____ Entity: _____