



Samaritan
Lebanon Community
Hospital

Thank you for your interest in becoming a volunteer at Samaritan Lebanon Community Hospital. Samaritan Health Services is committed to engaging volunteers in meaningful roles that enhance our service and add value to the patient and family experience. As such, Lebanon Community Hospital looks to ensure that volunteers are well placed, trained, and supported throughout their service.

Please fill out and submit the application materials as described herein. A completed and signed application is required. Two reference forms must be completed by individuals outside your family (friends, teachers/professors, work associates). Additionally, you must complete a request and authorization form for a background check.

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.

Volunteers are interviewed and placed based on skills and available positions. At the interview you will receive volunteer information, and review service descriptions and schedules. When a volunteer assignment has been determined, you will receive a packet of information which will include required training and medical forms.

Volunteers are required to attend a **mandatory** site orientation session. Sessions are scheduled on Tuesday mornings, from 8:30-12:45.

Typically, volunteers are assigned a shift lasting two to four hours once a week. Our expectation is that volunteers will commit to at least six months. The minimum age to volunteer is 16 years.

We are proud of our volunteers and the enormous contribution they make. I look forward to receiving your application and you hopefully joining our team!

Sincerely,

Sheryl Berger
Volunteer Services Manager
(541) 451-7062
sberger@samhealth.org



Samaritan Lebanon Community Hospital
Volunteer Services Department
525 N Santiam Highway, PO Box 739
Lebanon OR 97355 541-451-7062

<i>FOR OFFICE USE ONLY</i>	
Date Rec'd	_____
Contact	_____
Interviewed	_____

Volunteer Application

PERSONAL DATA

Last Name	First Name	Middle Initial
Current Street Address	City	State Zip
_____		() _____
E-Mail Address	Preferred Phone Number	
Preferred Method of Contact (please check): _____		() _____
E-mail	Phone	Alternate Phone Number
<u>Person to contact in case of emergency or illness while on duty:</u>		

Name	Relationship	Address	Phone
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VOLUNTEER WORK DESIRED

Type of volunteer position desired: _____

Day preference

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

Time Preference

Morning	Afternoon
_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION

High School

Name	Location	Years Attended
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College or Other

Name	Location	Academic Major or Trade

SKILLS - please check training and/or experience

Accounting
 Cash Register
 Data Entry
 Food Service
 Customer Svc

Describe other specialized job skills or abilities which will assist in evaluating service placement:

Special Interests:

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

Names and phone numbers of references submitted with this application:

1. _____ 2. _____

VOLUNTEER COMMITMENT

Upon acceptance to the volunteer program, I will abide by all hospital policies, including health and safety procedures, patient confidentiality guidelines, and customer service expectations. I will be dependable and punctual in reporting for my service, kind and respectful.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

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

I FURTHER UNDERSTAND THAT MY VOLUNTEERING IS CONTINGENT UPON SUCCESSFUL COMPLETION OF REFERENCES, EDUCATIONAL AND CRIMINAL BACKGROUND INFORMATION. I CONSENT TO AND AUTHORIZE THE VOLUNTEER SERVICES DEPARTMENT 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.

Samaritan Lebanon Community Hospital does not discriminate because of race, color, religion, sex, age, disability, national origin, or marital status.

Signature of Applicant

Date

CONSENT (for 16-17-year-old volunteers only)

My daughter/son _____ has my consent to serve as a volunteer at Lebanon Community Hospital.

Signature of Parent or Guardian

Date

REFERENCE FORM

Volunteer Applicant

The above named applicant has requested you to write a reference for a volunteer application. The applicant must include this signed 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 do you know the applicant?

Please complete the following:

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
1. Work Habits	_____	_____	_____
2. Responsibility	_____	_____	_____
3. Communication	_____	_____	_____
4. Customer Relations	_____	_____	_____
5. Dependability	_____	_____	_____
6. Other: _____	_____	_____	_____

If necessary, please use the reverse side or additional paper to share any additional information that will support your reference for the applicant.

Signature

Date

Printed name

Phone #: _____

Address: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **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 the victim of identity theft and place a fraud alert in 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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 out 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.consumerfinance.gov/learnmore.
- **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 1-888-5-OPT-OUT (1-888-567-8688).
- **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.consumerfinance.gov/learnmore.

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.

For more information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, D.C. 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050

<p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizational operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

Social Security Number

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Date of Birth - used for identification purposes only

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MONTH

DATE

YEAR

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA names, etc.)		Phone Number

Current Residential Address		
City	State	Zip Code

Have you ever been convicted of a Felony or Misdemeanor?

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[]
					[]
					[]
					[]
					[]

Driver's License Number	State of Issue
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FCRA DISCLOSURE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Samaritan Health Services Inc ("the Company") may obtain information about you for volunteer 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 criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. An investigative consumer report 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. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. 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.

The report may be generated by **Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, 1-877-263-8033, www.universalbackground.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, if you are selected, throughout your affiliation with the Company 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.

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 the Company 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.

New York applicants or employees 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. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

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.

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.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) 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, if I am selected, throughout my affiliation with the Company, 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 **Universal Background Screening**, 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.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like 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.

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)*

Driver License State / Number

Date of Birth*

*This information will be used for background screening purposes only and will not be used as hiring criteria.