

- Bowling Green Program
- Scottsville Program



ADULT VOLUNTEER APPLICATION

Date of Application: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone (home): _____ Phone (work/cell): _____

Social Security No.: _____ Birth Month: _____ Day: _____

In case of emergency, notify:

Name _____

Phone: _____ Relationship: _____

Current Occupation: _____

Have you ever worked for Commonwealth Health Corp. or any of its entities? Yes No

If yes, when? _____

Have you been convicted of a felony within the last ten years? Yes No

If yes, explain offense, date and sentence: _____

Hobbies, Accomplishments, Skills, Interests: _____

Previous volunteer experience: _____

What type of volunteer experience are you most interested in? _____

At what times are you interested in volunteering?

Am flexible Prefer weekdays Prefer evenings Prefer weekends Prefer days

Other: _____

How did you hear about us?

Advertisement Referred by friend/volunteer Volunteer Center

From employment/retirement information Other: _____

PERSONAL REFERENCES (Not family members)

Name	City/State	Phone	Occupation	Yrs. Known

EDUCATIONAL BACKGROUND

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5

High School/College/Trade School Name, City, State	Major /Degree	Dates		Graduate	
		From	To	Yes	No
1.					
2.					
3.					

Please select one or more areas in which you would like to serve:

Bowling Green

- Gift Shop
- Front Desk/Patient Information
- Medical Records/HIM
- Critical Care/Open Heart Waiting
- Patient Mail Delivery
- Cancer Treatment Center
- Outpatient
- Emergency Dept. (Patient Liaison)
- Volunteer Services Office

- Customer Service
- Adult Day Care Center
- Home Health Office
- Human Resources
- Education and Development
- Pastoral Care
- Deliver Magazines
- Information-Summer Teen Program
- Materials Distribution
- Visiting Patients

- Ambulatory Surgery/PAT
- Health and Wellness Center
- Employee Health
- Nursery/2B

Scottsville

- Visiting Residents
- Recreation Activities

What influenced you to apply as a Volunteer at The Medical Center? _____

I authorize The Medical Center Volunteer Services Department to request information concerning my character and reliability from the references I have provided to CHC. Also, I understand that to be considered as a volunteer with The Medical Center, I am required to sign a Disclosure and Release form authorizing a background investigation to be completed by the Human Resources Department at Commonwealth Health Corporation.

Signature of Applicant

Date

Mail application to:
The Medical Center Volunteer Services
250 Park Street • Bowling Green, KY 42101

Med Center Health # 1814
APPLICANT INFORMATION

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. ____ / ____ / ____ Date of Birth¹ _____
Email address: _____ (Provide if you prefer to receive information via email)
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level
(GED – provide state) _____
Campus Name _____ Campus City _____ Campus State _____
Name on GED or under which you graduated _____
Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:
Name as it appears on license/Certification/Registry _____
Type _____ State/Region or Issuing Organization _____ Country _____ Number _____
Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

*Before answering the question below, you **MUST** carefully read the following information:
Do not report any conviction which state law allows you to lawfully deny, as set forth in the [state notices](#) that you must review before answering. You are not required to disclose minor violations or infractions. A conviction will not necessarily be a bar to employment. This information will be used to determine if the conviction is related to the job sought. Factors such as age, severity, and nature of the offense(s), etc. will be considered. Failure to honestly respond may result in discontinued consideration or termination of employment. You confirm that you have read the state notices above and confirm that the information you provide is true and accurate.

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony? If you answer Yes, you must provide details. Yes No (Please attach a separate sheet of paper to provide additional entries)

Offense _____ County _____ State _____ When _____
Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.
(Please attach a separate sheet of paper to provide additional entries)

1. City: _____ State: _____ Date From: _____ Date To: _____
2. City: _____ State: _____ Date From: _____ Date To: _____
3. City: _____ State: _____ Date From: _____ Date To: _____
4. City: _____ State: _____ Date From: _____ Date To: _____

STATE LAW NOTICES

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: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.

Colorado applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Connecticut applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Maryland applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Massachusetts applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas, Alamogordo, NM 88310; 1-888-773-2432.

Minnesota applicants or employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, Inc, 3453 Las Palomas, Alamogordo, NM 88310; [1-888-773-2432. Place an X here _____ for a disclosure to be sent to you. Place an X here _____ for a free copy of your consumer report to be sent to you.

Montana applicants or employees only: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative consumer report.

New Jersey applicants or employees only: The precise nature and scope of any Investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com.

New York applicants or employees only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting that agency. Please mark this field to receive a copy of Article 23-A that will be presented once you complete this process: _____.

Oklahoma applicants or employees only: Mark an X here _____ you would like to receive a free copy of your report.

Oregon applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

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 any "investigative" consumer report we may have requested. 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. Any requests under this paragraph to the CRA should be made to PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Vermont applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

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

Signature: _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Med Center Health # 1814
DISCLOSURE

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. ____ / ____ / ____ Date of Birth¹ _____
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Med Center Health ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment, contract for services, appointment, volunteering or clinical rotation. 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 employment, contract, volunteering, privileges or appointment to the extent permitted by law.

I additionally understand for consideration for employment, placement or job transfer within Commonwealth Health Corporation a criminal record check is a requirement and a condition of employment. The effect of each conviction upon employment status will be determined under state and federal law. Convictions may be cause for an applicant to be ineligible for continued employment. Pursuant to Kentucky Law (KRS 216.793) (KRS.209.032) and any other applicable state law, I additionally understand FOR THIS TYPE OF EMPLOYMENT STATE LAW REQUIRES A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT for the following Commonwealth Health Corporation departments and subsidiaries:

Home Health Services, Home Medical Equipment, Security, EMS (excluding clerical positions), The Medical Center at Franklin, Adult Day Care Center, Rehab Services, The Medical Center (Scottsville), Community Wellness, and Commonwealth Regional Specialty Hospital

Legislative References: KRS 216.785, 42 U.S.C. 1320a-7(1) and the Fair Credit Report Act as amended by Consumer Report Act of 1996.

Although employees of the Community Wellness Department are not required by law to have an investigative inquiry completed, it is a requirement of the department's accreditation designation. Employees hired or transferred to the department will agree to have an investigative inquiry completed.

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

**Med Center Health # 1814
AUTHORIZATION**

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 Med Center Health at any time after receipt of this authorization and throughout the term of my employment, contract or privileges, 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 Med Center Health, and/or Med Center Health itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes No

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

Signature: _____ Date _____

Name: _____ DOB _____

Last four digits of SSN _____

Parent/Guardian Signature: _____ Date _____