



Adult Volunteer Application

Thank you for your interest in the Volunteer Program at Medical City Fort Worth. Volunteering offers a rewarding experience for you, our patients, visitors, staff, and our entire health system. Below are the initial steps for those interested in becoming a volunteer.

Before beginning active service, the following must be completed:

1. Complete the online application
2. Once the application is received the volunteer coordinator will contact you to schedule an interview and discuss available volunteer opportunities.
3. After the interview is complete the next step is to complete a background check, drug screening and health screen. All three of these will be scheduled through Human Resources and Employee Health.
4. After successful completion the volunteer coordinator will contact you to arrange the completion of your onboarding and required education. This education is online and can be completed at home, or you can choose to come to Medical City Fort Worth to complete the education.
5. Badge and volunteer uniform will be provided the volunteer's first day on-site during volunteer orientation. **Note: If the volunteer wishes to complete training on-site, they must pick up uniform and ID badge before they will be allowed to access the computer lab to complete training.**

Once the application is received and reviewed the volunteer coordinator will contact you to schedule the interview. We thank you and look forward to meeting you.

Medical City Fort Worth

Adult Volunteer (must be 18 or older)
Application & Background Investigation

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or any accompanying document will no longer be considered for service.

OFFICE USE ONLY:

Date Received: (mm-dd-yyyy)

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IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR VOLUNTEERING: We appreciate your interest in Medical City Fort Worth and are sincerely interested in your qualifications to serve our staff, patients and their families. To help Medical City Fort Worth protect the safety and interests of our clients, corporate policy requires our institution to obtain, verify and record information that identifies each person who is stationed at Medical City Fort Worth and its care facilities. **What this means to you:** Your name, address, and other information collected in this form will be used to verify your identity. You may be asked to provide your driver's license or other identifying documents.

Medical City Fort Worth's DEPARTMENT OF VOLUNTEER SERVICES is committed to a policy of equal opportunity for all applicants regardless of race, religion, national origin, ancestry, sex, sexual preference, age, marital status or disabilities. Medical City Fort Worth operates as an at-will organization which means that association can be terminated with or without cause, at any time, by either party, with or without notice, at the option of Medical City Fort Worth or at the option of the volunteer. Acceptance as a volunteer is contingent upon satisfactory references and criminal background check and verification of information submitted on this application.

Applicant Section

Print (in CAPITAL letters) using a dark ink ballpoint pen or type. Read the instructions carefully.

Last Name		First Name		Middle Name	
Preferred Name (if not first name, choose only one)				Area Code/Home Telephone Number ()	
Permanent Address				Area Code/Cell phone Number ()	
City		State		Zip/Postal Code	
				Preferred Method of Communication <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	
E-mail Address					

References: You must provide two separate references who have known you for at least two years. Do not list relatives as a reference.

	A.	B.
Name	_____	_____
Position	_____	_____
Company	_____	_____
E-mail Address	_____	_____
Area Code/Telephone Number	() _____	() _____
Relationship to Applicant	_____	_____

Volunteer Information Section

Read the questions carefully.

Start Date: When are you available to begin volunteering?	Have you ever volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Experience: If you answered YES to the previous question, where did you last volunteer? <div style="text-align: right;">No</div>	
Skills: (check all that may apply) <input type="checkbox"/> Customer Service <input type="checkbox"/> Clerical <input type="checkbox"/> Computer <input type="checkbox"/> Other _____	
Volunteer Preferences: (check all that may apply) <input type="checkbox"/> Patient Contact <input type="checkbox"/> Limited Patient Contact <input type="checkbox"/> No Patient Contact <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____	
Reasons for wanting to become a Medical City Fort Worth Volunteer: _____ _____	

Campus Preference*Read the instructions carefully.***CHECK ONE:** I am applying for ☐ Medical City Fort Worth**Service Preference : Medical City Fort Worth***Read and complete this section carefully*

Day(s) and Time(s) of Service (check all that may apply)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Monday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Tuesday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Wednesday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Thursday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Friday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Saturday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Sunday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |

Preference is given to applicants who can commit one (1) year or more of volunteer service. What is your intended time of service with Medical City Fort Worth?

- ☐
- 1 – 3 months
- ☐
- 4 – 6 months
- ☐
- 7 – 11 months
- ☐
- One year or more

Security Information*Read the instructions and complete carefully.***IMPORTANT INFORMATION ABOUT SECURITY SECTION:** Questions in this section are asked for the sole purpose of considering you for volunteer service. Your response to any of these security questions will not automatically disqualify you from volunteering. However, if you answer “no” and a criminal history is found, or if you answer “yes” but did not include all convictions, your application will not be considered.Have you ever been convicted (pleaded guilty or been found guilty) of a misdemeanor, felony, or other crime? ☐ Yes ☐ NoIf you answered **YES** to the previous question, list all convictions and provide dates of each:

Additional space for explanation:

Additional Information*Print clearly using a dark ink ballpoint pen or type.*

Use this space to add any additional information necessary to describe your full qualifications for the position for which you are applying:

Applicant Certifications, and Authorizations*Sign after reading.*

I hereby certify the answers on this application and any given during interviews are true and correct and any misrepresentations or omissions of facts, misleading or false information on my part will be grounds for dismissal as a Medical City Fort Worth volunteer. I therefore authorize Medical City Fort Worth to do the following: (i) thoroughly investigate the information provided on this application and to conduct a Criminal Background Investigation. I will hold no person liable for giving or receiving information in this investigation, (ii) make such investigations and inquiries as deemed necessary in arriving at a decision to accept me as a volunteer. I understand that acceptance into the Medical City Fort Worth volunteer program is contingent upon satisfactory completion of all pre-placement procedures which include but may not be limited to, an interview, verification of references, criminal background investigation, orientation, and vaccination screening. I understand that upon both my successful completion of the volunteer placement processes required by Medical City Fort Worth, and receiving approval for service by Department of Volunteer Services management, I will become a “volunteer” with Medical City Fort Worth. As a volunteer I acknowledge that I will not receive compensation for services and I will not be required to work.

Please Note: our Volunteer Services office is open Monday – Friday.**My signature below certifies that I have read, understand, and agree to the terms and conditions of this application.**

Applicant Signature _____

Today's Date (mm-dd-yyyy) _____

NTX/Internal Transfer and Non-Employees # 11765
VOLUNTEER 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

NTX/Internal Transfer and Non-Employees and related entities ("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, drug screening, 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.

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778

NTX/Internal Transfer and Non-Employees # 11765
VOLUNTEER 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," including criminal background checks, by the Company at any time after receipt of this authorization and throughout the hiring process and the term of my employment, contract or privileges, if applicable. I authorize the Company throughout the term of my employment or contract, to share any consumer report received with a related entity. 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 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.

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

Signature: _____ **Date** _____

First Name: _____ **Middle Name:** _____

Last Name: _____

DOB _____ **Last four digits of SSN** _____

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

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778