

# AUXILIARY APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First M.I. Last

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

Social Security Number: \_\_\_\_\_

How Long at Current Address? \_\_\_\_\_ Telephone: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(month/year)

Full-time Resident: \_\_\_\_\_ Part-time: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City State Zip

Previous Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ How Long Employed? \_\_\_\_\_

To Be Contacted In Case of Emergency? \_\_\_\_\_

Telephone: \_\_\_\_\_

Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? Yes  No

Arrest or charges that have been expunged need not be disclosed. If yes, give date, place and nature of each such charge. \_\_\_\_\_

Are you presently charged with any violation of the law? Yes  No

If yes, give date, place and nature of such charge: \_\_\_\_\_

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## AUXILIARY APPLICATION

Applicant Name: \_\_\_\_\_

1. Why do you wish to become an Auxilian?

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2. Can we depend on you to carry-out your assignments? Yes  No

Will you learn your chairman's name, telephone number and call him/her if you have a problem or if you cannot report to work? Yes  No

3. Will you always try to be well groomed, have the proper uniform on and not wear big jewelry? Yes  No

**\*\*Your watch, rings and small earrings are permissible\*\***

4. Will you always try to be pleasant and smile a lot, remembering sick people need lots of smiles? Yes  No

5. We never discuss patients and their illnesses in or out of the hospital. Keep everything you learn confidential.

6. We never stop a doctor or nurse to ask for free medical advice.

7. We ask you not to leave your assigned post until your duty is over (except in cases of emergency).

8. We never will expect you to take an assignment for which you have not been trained. You will have on the job training. If you find you do not like the job to which you have been assigned, we will try as soon as possible to place you in another position. We also reserve the right to place you in a different job if you are better suited for that job.

9. Will you obey the rules and do as you are taught and not as someone else does? Yes  No

10. Do you know the basic reason for our being here? You must care about PEOPLE before you can care for them.

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## AUXILIARY APPLICATION

10. Your interest, dependability and willingness to accept responsibility will be one of your major qualifications, since you are on a six-week probation period.

11. We expect you to uphold the traditions and standards of this hospital and interpret them to the community at large.

12. We expect you to work on a service at least 50 hours or more a year. You may not become an Associate Member for at least one year.

13. What service(s) interest you? \_\_\_\_\_

The guidelines state that you will be (state what duties applicant will have to perform for that position):

\_\_\_\_\_

Are you able to perform the duties of this service? Yes  No

Are there accommodations we could make to enable you to perform the necessary duties of this service? Yes  No

14. New Members are required to attend the hospital's orientation and must have a PPD Tuberculin Skin Test prior to attending the orientation. Annually thereafter, Members are required to attend one Auxiliary in-service and have the PPD skin test.

15. Do you have any questions? Yes  No

16. Do you think you still wish to become an Auxilian? Yes  No

Interviewer Signature: \_\_\_\_\_

Membership Chairperson Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

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# AUXILIARY APPLICATION

## VOLUNTEER PLEDGE

Believing that the hospital has real need of my services a volunteer worker:

1. I will attend the required Auxiliary meetings and training courses, believing the more I know about my hospital, the better equipped I will be to serve it.
2. I will meet all the requirements required of a member.
3. I will be punctual and conscientious in the fulfillment of my duties, and I will be sure that a substitute is secured when I am unable to come.
4. I will consider all information which I might hear, directly or indirectly, concerning a patient, doctor or another member of personnel, as CONFIDENTIAL.
5. I will take my problems or suggestions to my chairperson.
6. I will conduct myself with dignity, courtesy and consideration.
7. I will endeavor to make my work of the highest quality.
8. I will uphold the traditions and standards of the hospital and Auxiliary and will interpret them to the community at large.

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

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

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# AUXILIARY APPLICATION

## REFERENCES

(2 Personal and 2 Professional References Required)

### Personal:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

### Professional:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

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## AUXILIARY APPLICATION

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### SERVICES AVAILABLE (Check service(s) preferred):

Information	<input type="checkbox"/>	Discharge	<input type="checkbox"/>
Floor Hostess	<input type="checkbox"/>	CV/ICU	<input type="checkbox"/>
Messenger	<input type="checkbox"/>	Gift Shop	<input type="checkbox"/>
Outpatient/Admitting	<input type="checkbox"/>	ICU	<input type="checkbox"/>
Emergency	<input type="checkbox"/>	Stork Club	<input type="checkbox"/>
Family Waiting Room	<input type="checkbox"/>	Lawnwood Pavilion	<input type="checkbox"/>

### DAYS PREFERRED:

Monday through Friday	<input type="checkbox"/>
Saturday	<input type="checkbox"/>
Sunday	<input type="checkbox"/>

### HOURS PREFERRED:

Morning	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>
Evening	<input type="checkbox"/>

Are you willing to substitute weekends? Yes  No

Are you willing to substitute Holidays? Yes  No

Would you consider holding an office? Yes  No

We cannot promise that there will be an immediate opening on the preferred service and at the time desired; however, it is helpful to know your preference. Members are required to work at least 50 hours per year in a permanent or substitute position.

Annual Dues:      Active:      \$5.00  
Associate Dues:    \$5.00

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Membership Chairperson's Signature

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Applicant's Signature

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Interviewer's Signature

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Date

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# AUXILIARY APPLICATION

## HCA Florida Lawnwood Hospital - Volunteer # 11071 VOLUNTEER INFORMATION

APPLICANT'S FULL NAME \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 Pre-Check, 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 Pre-Check, 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.



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**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](http://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 Pre-Check, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888- 773-2432, [www.precheck.com](http://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. By signing below, I agree that my present employer may be contacted for verification of employment.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

<sup>1</sup> 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.

Nevada Private Investigator License # 1618



# AUXILIARY APPLICATION

## HCA Florida Lawnwood Hospital - Volunteer # 11071 VOLUNTEER DISCLOSURE

APPLICANT'S FULL NAME \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ D.L. Number: \_\_\_\_\_

Address on D.L.: \_\_\_\_\_

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. 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 volunteering with the Company to the extent permitted by law.

Nevada Private Investigator License # 1618

[www.PreCheck.com](http://www.PreCheck.com)

[info@precheck.com](mailto:info@precheck.com) ph: 800-999-

9861 fax: (800) 207-2778



# AUXILIARY APPLICATION

## HCA Florida Lawnwood Hospital - Volunteer # 11071 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" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, 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 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 \_\_\_\_\_

Nevada Private Investigator License # 1618

[www.PreCheck.com](http://www.PreCheck.com)  
[info@precheck.com](mailto:info@precheck.com) ph: 800-999-  
9861 fax: (800) 207-2778



# AUXILIARY APPLICATION

## State Specific Notices

**California employees/residents:** You need not disclose any referral to, and participation in, any pre-trial or post trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.

**Connecticut employees/residents:** You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nulled, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

**Massachusetts employees/residents:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

**Philadelphia, PA employees/residents:** You may exclude convictions that occurred more than 7 years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the 7 year period.

**San Francisco, CA employees/residents:** You may exclude convictions that occurred over seven years ago and a conviction or any other determination or adjudication in the juvenile justice system, or information regarding a matter considered in or processed through the juvenile justice system.

**Washington State employees/residents:** You may exclude convictions that occurred over ten years ago.

**Seattle, WA employees/residents:** In addition to the above, you may exclude a criminal conviction that has been the subject of a certificate of rehabilitation or other equivalent procedure based on a finding of the rehabilitation.

**Georgia:** Applicants may exclude convictions discharged under Georgia's First Offender Programs.

**Nevada:** Applicants are not required to disclose misdemeanor convictions which resulted in imprisonment older than 10 years.

**New York:** Applicants for job positions may exclude an adjudication as a youthful offender.

**Ohio:** Applicants with a conviction for a minor misdemeanor violation involving marijuana does not constitute a criminal record and does not need to be reported by the person so convicted in responding to the questions on this application.