



Wesley Healthcare Volunteer Application

BASIC INFORMATION:

First Name:	Last Name:		
Address:	City:	State:	ZIP:
Email:			
Phone:	Date of Birth:		

REFERENCES: *Please list personal or business references whom we may contact. No relatives, please.*

Name	Relationship	Phone Number

EDUCATION:

School (incl. City & State)	Degree/Diploma	Completion Date

WORK HISTORY:

Employer (incl. City & State)	Position	Employment Dates

EMERGENCY CONTACT(S):

Name	Relationship	Phone Number

WHY DO YOU WANT TO VOLUNTEER AT WESLEY?

WHAT ARE YOUR EXPECTATIONS FROM THIS VOLUNTEER EXPERIENCE?

VOLUNTEER AREAS OF INTEREST:

Please note that not all positions or times are available at any given time.

HAVE YOU VOLUNTEERED BEFORE? IF SO, WHERE?

HEALTH & WELL-BEING:

Wesley Healthcare is committed to the health and well-being of its patients, families, visitors and staff members. There is a mandatory TB test and influenza (flu) vaccine policy for staff and volunteers. The policy is for the protection of our patients. The influenza vaccination requirement is only applicable during flu season (Nov. 1 – April 1).

A volunteer under the influence of alcohol or drugs constitutes a potential safety hazard to patients and staff members. The use, possession or sale of alcohol, marijuana, narcotics or other controlled substances by any volunteer, at any time, on hospital grounds is prohibited. Violation of this policy is cause for termination from the program.

CRIMINAL HISTORY:

Have you ever been convicted of a crime other than a non-moving or speeding traffic violation? If yes, please list the crime, state and date of conviction in the space provided. *Please note: conviction will not necessarily disqualify an applicant from volunteering.*

Criminal History? (Circle) Yes No

If yes, please explain: _____

VOLUNTEER AGREEMENT:

I understand and agree that submitting this application form does not automatically register me as a Wesley volunteer and that there are certain qualifications I must meet, including a personal interview, the submission of required immunization records, completion of required orientation(s) and successful criminal background check.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge and I authorize Wesley Healthcare and its subsidiaries to verify their accuracy and to obtain reference information. I understand that false statements of any kind (whether intentionally misrepresented or not) or omission of facts call for on this application will be considered sufficient basis for dismissal.

I am volunteering my services to Wesley Healthcare solely for my personal fulfillment without promise or expectation of compensation or other profit. If accepted into the volunteer program, I agree to maintain a regular volunteer schedule and communicate any lapses in service to the Volunteer Department staff and remain with the program for a period of 60 hours or more. Volunteers who do not meet attendance and/or service requirements may be permanently removed from the program. Letters of recommendation will not be provided to any volunteer prior to obtaining the minimum 60 hours of service.

Signature

Date

Wesley Medical Center Volunteers # 2205

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.: _____

You MUST read this section carefully before answering the question below.

- Do not report a record of any arrest, detention, diversion, supervision, adjudication or court disposition that was subject to the process and jurisdiction of a juvenile court.
- Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, dismissed, dismissed under a first offender's law, pardoned by the Governor or which state law allows you to lawfully deny as set forth below.
- You MUST review the [state law information](#) before answering.
- You are not required to disclose violations, infractions, petty misdemeanors (MN) or summary offenses (PA).
- By selecting either "Yes" or "No" below, you are stating that you have read the applicable state notices provided above and that you provide a true and accurate statement below.
- A conviction will not necessarily be a bar to employment. This information will only be used for job-related purposes consistent with applicable law and in determining whether the conviction is related to the job for which you are applying.
- If you answer "Yes" below, provide city, county, and state where offense occurred, conviction date and nature of the offense, along with sentencing information.

QUESTION: Have you ever been convicted of, plead guilty, no contest, or nolo contendere to a misdemeanor or felony? 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:** _____ **Zip Code:** _____ **Date From:** _____
Date To: _____

2. **City:** _____ **State:** _____ **Zip Code:** _____ **Date From:** _____
Date To: _____

3. **City:** _____ **State:** _____ **Zip Code:** _____ **Date From:** _____
Date To: _____

4. **City:** _____ **State:** _____ **Zip Code:** _____ **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.

By signing below, I agree that my present employer may be contacted for verification of employment.

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.

Wesley Medical Center Volunteers # 2205
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 LasPalomas 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

Wesley Medical Center Volunteers # 2205
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

Wesley Medical Center Volunteers 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