



Wesley Healthcare Volunteer Application

BASIC INFORMATION:

First Name:		Last Name:	
Address:		CITY	ST 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 (inc. City & State)	Degree/Diploma	Completion Date

WORK HISTORY:

Employer (inc. City & State)	Position	Employed Dates

EMERGENCY CONTACT:

Name	Relationship	Phone Number

AVAILABILITY: (Please mark X next to each available time):

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Morning							
Afternoon							
Evening							

WHY DO YOU WANT TO VOLUNTEER FOR WESLEY?:

WHAT ARE YOUR EXPECTATIONS FROM THIS VOLUNTEER EXPERIENCE?: _____

VOLUNTEER AREA(S) OF INTEREST: _____

Please note that not all positions are available, not all times are available and no spot is guaranteed.

HAVE YOU VOLUNTEERED BEFORE? IF SO, WHERE?: _____

HEALTH & WELLBEING:

Wesley is committed to the health and wellbeing of our patients, families, visitors and staff members. There is a mandatory TB test and influenza (flu) vaccination policy for staff and volunteers. This 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 controlled substances by any volunteer, at any time on the premises of the hospital is prohibited. Violation of this policy is cause for termination from the volunteer program.

CRIMINAL HISTORY:

Have you ever been convicted of a crime, other than a non-moving or speeding traffic violation? (Conviction will not necessarily disqualify an applicant from volunteering). If yes, please list crime, state and date of conviction in the space provided. Wesley requires a criminal background screening and results must match information provided on this application. Information concerning criminal background screening process will be provided during personal interview.

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 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 called for on this application will be considered sufficient basis for dismissal.

I am volunteering my services to Wesley Healthcare solely for my personal purpose or benefit without promise or expectation of compensation or other profit. If accepted in the volunteer program, I agree to maintain a regular volunteer schedule, 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 for volunteers prior to obtaining a minimum of 60 service hours.

Signature

Date

WESLEY MEDICAL CENTER VOLUNTEER SERVICES - 550 N. Hillside, Wichita, KS 67214

Telephone: (316) 962-2100 Fax: (316) 962-7361

Wesley Medical Center Volunteers #2205 VOLUNTEER DISCLOSURE & AUTHORIZATION

FULL NAME _____

Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth _____ / _____ / _____

Driver's License State _____ Driver's License Number _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Wesley Medical Center Volunteers ("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 employers is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd., Alamogordo, NM 88310, 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.

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) 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 _____

(Handwritten signature required. Please print and sign.)

Date _____