



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

## Jr. Volunteer Application

### Personal Information

Name (first, middle, last):		
Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
E-mail address:		Date of Birth:

### Availability - Junior Volunteers:

During which hours are you available for volunteer assignment?

- Weekday mornings
- Weekday afternoons
- Weekday evenings

### Jr. Volunteer Assignments

Junior Volunteers will be placed in various areas of the hospital as needed each year.

### Special Skills or Qualifications

Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### General Information

Have you ever been on probation, received deferred adjudication or been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been released from confinement following a conviction for any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently charged with any violation of law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the preceding 3 questions, please explain details and dates:	
Are you fluent in a second language? If so, what language?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Do you have a special talent we might use, such as drawing, making posters, scrap booking, craft work, typing, ability to use the computer, photography, decorating ideas?

Please give us a short biography (anything you might think is of interest).

**Emergency Contact**

Name:		
Address:		
City:	State:	Zip:
Home #:		Work #:
Relationship to you:		
Family Physician:		Telephone:

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

**Agreement and Signature of Junior Volunteer**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer with Brazosport Regional Health System, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further acknowledge that as a volunteer, I am subject to many Federal, State, and Local laws. Violations on any law(s) may result in civil or criminal prosecution. (Please print document and sign)

Name (printed) :

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

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

**Parental Consent for Junior Volunteer**

I hereby give permission for my child \_\_\_\_\_ to volunteer at Brazosport Regional Health System. I understand that he/she will be under the supervision of the hospital staff or adult volunteers and will be expected to follow all hospital rules and regulations, which also include, but not limited to, a TB skin test, background check and drug screening. As a junior volunteer, my child, is subject to numerous Federal, State, and Local laws. As the parent/guardian, I accept full responsibility and liability for the actions of my child. I understand that he/she is expected to give at least 6 hours of service each month and should give advance notice of absences. I give permission for my child to be treated in the Emergency Room of Brazosport Regional Health System in the case of accident, injury or sudden illness while doing work at the hospital.

Signature of Parent: \_\_\_\_\_

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

Thank you for taking the time to complete this application form and for your interest in volunteering at Brazosport Regional Health System. We hope you enjoy your volunteer experience. If mailing this application, please mail it to:

Brazosport Regional Volunteers  
Attention: Membership Chairman  
100 Medical Drive  
Lake Jackson, TX 77566

**For office use only:**

**Dues/Assignment/Area Training Dates/Orientation Date**

Dues are one dollar (\$1.00) for Junior Volunteers and are due with completed application.

Dues paid:

Date:

Assignment:

Area Training Dates:

1.

2.

3.

Hospital Orientation Date:

Area Chairperson Trainer:

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

**Brazosport Regional Jr. Volunteers  
Consent Form for Drug Screen**

Name: _____	Social Security #: _____
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I hereby consent to authorize Brazosport Regional Health System to collect a specimen of my hair, blood and/or urine and submit it for volunteering, random, work injury, or reasonable suspicion drug testing to screen for substance abuse. I further consent to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Brazosport Regional Health System. I realize that, if I do not pass the standards established, I will be disqualified as an applicant or be subject to corrective action which may include separation of employment.

In consideration for such services being rendered on my behalf, I hereby release the laboratory testing service, its officers, agents, and employees from any and all claims which I might otherwise have due to such results being made so available. I hereby consent not to file any action at law or in equity against Brazosport Regional Health System, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available. I hereby agree to indemnify and save harmless Brazosport Regional Health System, the laboratory testing service, their respective officers, agents or employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the result of such screen being made so available.

I understand that I may be required to provide medical verification and additional information regarding prescribed medications should they affect the tests results.

I authorize release of post-accident results to the Hospital's Workers' Compensation carrier, if applicable.

Signature of Applicant/Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

(Please print and complete)

## BRAZOSPORT REGIONAL VOLUNTEERS #2152 VOLUNTEER INFORMATION

FULL NAME \_\_\_\_\_

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

Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_

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

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

Driver's License State \_\_\_\_\_ No. \_\_\_\_\_

Have you ever been convicted of a crime? \* Yes  No 

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

\*To disclose additional criminal history, please provide those details on a separate sheet of paper and attach it to this form.

Please provide all locations where you have resided for the past seven (7) years, starting with your current residence.

	City	State	Dates	From:	To:
1.	_____ / _____	_____	_____	_____	_____
2.	_____ / _____	_____	_____	_____	_____
3.	_____ / _____	_____	_____	_____	_____

### STATE LAW NOTICES

**Minnesota** applicants or employees only: You have the right to request in writing from PreCheck, Inc., a complete and accurate written disclosure of the nature and scope of the report(s) requested by the Company. Place an X here \_\_\_\_\_ for a disclosure to be sent to you.

**Oklahoma** applicants or employees only: Mark an X here \_\_\_\_\_ for a free copy of a consumer report if one is obtained by the Company.

**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: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_

**New York** applicants or employees only: If an investigative consumer report has been requested by the Company, the name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document.

You have the right to inspect and receive a copy of the investigative consumer report by directly contacting the consumer reporting agency, PreCheck, Inc. In connection with the Company's request for the preparation of a consumer report or investigative consumer report about you, the Company has provided you with a copy of Article 23-A of the New York Correction Law. Please mark this field to acknowledge receipt of a copy of Article 23-A: \_\_\_\_\_

**Maine** applicants or employees only: If you are applying for a position in the State of Maine, you may request and promptly receive from the consumer reporting agency copies of all investigative consumer reports about you requested by the Company. The name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document.

**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**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 the investigation we requested.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> The Age Discrimination in Employment Act of 1967 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.

(Please print and complete)

## BRAZOSPORT REGIONAL VOLUNTEERS #2152 VOLUNTEER DISCLOSURE & AUTHORIZATION

FULL NAME \_\_\_\_\_  
 Other Names Used \_\_\_\_\_  
 Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Driver's License State: \_\_\_\_\_ DL Number: \_\_\_\_\_

### 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.

### 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.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> The Age Discrimination In Employment Act of 1967 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.