

ADULT VOLUNTEER APPLICATION PACKET

Thank you for your interest in the Volunteer Services Program at Nazareth Hospital.

An Adult Volunteer is someone who is at least 18 years old and not currently a high school student. All volunteers are required to have one or more background checks, a medical clearance and attend an orientation session prior to beginning their assignment. This will be discussed with you at your interview.

Volunteers serve without pay and are responsible for their own transportation. Hours for assignments vary and this will be discussed with you during your interview. Evening and weekend assignments are very limited.

All volunteers at Nazareth Hospital wear either a red polo shirt or smock, with khaki or dark colored slacks and a badge, while on duty. The first shirt or smock is provided free of charge. Volunteers are expected to provide their own shirts, slacks and rubber soled shoes or sneakers. No jeans, t-shirts, shorts, short skirts, stretch pants, leggings or other inappropriate clothing is acceptable.

Enclosed please find:

- ☐ **Application for Adult Volunteer (2 pages)**
- ☐ **Medical Clearance Checklist (1 page)**
- ☐ **Personal Reference Forms (2 pages)**

Each of the above forms must be filled out **completely** and returned to the Volunteer Office before your application can be considered. Once your completed application is received, you will be contacted to schedule a personal interview if there is an opening that matches your interests and the hospital's needs. Nazareth Hospital reserves the right to reject an applicant or terminate the service of a volunteer, if, in the hospital's opinion, it is in the best interest of the hospital to do so.

Completed applications should be mailed to:

Nazareth Hospital
Volunteer Services Department
2601 Holme Avenue
Philadelphia, PA 19152

Or, you may fax your application to 215-335-6265. If you have any questions about the information in this packet, please call **215-335-6267**. Our Volunteer Office is staffed by volunteers, so if there is no one available to answer your call, please leave a message and someone will return your call as soon as possible.

Thank you again for your interest in the Nazareth Hospital Volunteer Services Program. The information in your application will be kept confidential.

Note: The Nazareth Hospital Volunteer Department does not provide shadowing, observing or externship opportunities for students. Volunteering at Nazareth Hospital is not an indicator of future employment.

**NAZARETH HOSPITAL
VOLUNTEER APPLICATION
MEDICAL CLEARANCE CHECKLIST**

Must Be Completed Before Beginning Volunteer Service

You are responsible for obtaining required immunizations from your physician. If you are unable to provide proof of immunization, you will be required to obtain the necessary immunization or blood work showing immunity from your personal physician at your own expense. If you have the results from a recent TB Test (done within 12 months of your application), you should provide a copy. If you are a positive reactor to TB skin testing, you must provide the written report from a recent chest x-ray.

Written Documentation is Required Before You Begin Your Volunteer Service

- ☐ Tdap (Tetanus, Diphtheria and Pertussis) Current (within the past 10 years)
- ☐ MMR (Measles, Mumps, Rubella) Immune Titer or Vaccination Record
- ☐ Varicella (Chickenpox) Immune Titer or Vaccination Record
- ☐ Result of 2-Step TB Test **OR**
Result of Quantiferon Test **OR**
If a Positive Reactor – A Recent Negative Chest X-Ray Report
- ☐ Annual Influenza Vaccination Documentation (Required September through March)

Please direct any questions to 215-335-6267.

***Nazareth Hospital Volunteers do not directly participate in patient care, however, some positions will be in patient care areas.**

Adult Volunteer Application**EMERGENCY INFORMATION**

Primary Care Physician (PCP): _____

PCP Phone Number: _____

In case of emergency, please notify:

Name: _____

Relationship: _____

Phone Number: _____ ☐ Home ☐ Cell ☐ Work

Medical Information: If you have any medical condition(s), and/or are taking any special medication(s), it is important to let us know so that in the event of an emergency resulting from your illness/condition, we can provide proper treatment.

List any allergies, medication reactions or other conditions that may need to be known in an emergency situation. _____

Is this request to volunteer to fulfill a community service or school requirement? ☐ Yes ☐ No

If yes, please explain and provide the number of hours you need to serve to fulfill your requirement _____

In applying for a volunteer experience at Nazareth Hospital, I certify that the information provided in this application is accurate and correct to the best of my knowledge. I authorize Nazareth Hospital to investigate my record and obtain any and all information necessary in order for me to be considered for volunteer service after the interview process is complete. I also understand that I am applying for a non-paid volunteer assignment and do not expect remuneration for my services.

Signature (Required): _____ Date: _____

Social Security Number (Required for Background Check): _____

Nazareth Hospital is an equal opportunity employer and will not discriminate on the basis of creed, religion, color, national origin, ancestry, age, sexual orientation, familial status, marital status, disability and liability for service in the United States Armed Forces or any other legally protected status.

IMPORTANT

Please provide two (2) personal references as indicated on the following two pages or you may provide two letters of recommendation. Applications will not be considered until references are provided.

Personal Reference Form #1

(REFERENCES MUST BE FROM SOMEONE WHO IS AT LEAST 18 YEARS OLD AND WHO IS NOT A RELATIVE)

The person named below has applied for a volunteer position at Nazareth Hospital. All information you provide will be kept confidential. Please return the completed form either by mail or fax to:

Nazareth Hospital
Volunteer Services Department
2601 Holme Avenue
Philadelphia, PA 19152
Fax: 215-335-6265

Name of Applicant: _____

In recommending this person for volunteer service, we hope you will take into account that every assignment in a hospital setting is a serious assignment. The volunteer must be able to adjust to working in a professional environment among sick, injured and disabled people. As the volunteer moves about the hospital, he/she must be able to conduct himself/herself in a mature manner, with poise and courtesy. Attendance and punctuality are very important as the volunteer will become part of a team. Thank you for offering your reference for this individual.

Characteristics	Superior	Good	Average	Poor
Service-Oriented Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to Follow Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfills Commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern For Those Who Are Vulnerable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to provide any other comments that you feel would assist us in the placement of this potential volunteer.

Reference Name (please print your name): _____

Your Relationship to Applicant: _____

May We Contact You If Necessary? Phone Number: _____
☐ Home ☐ Cell ☐ Work

Signature (person providing reference): _____

Personal Reference Form #2

(REFERENCES MUST BE FROM SOMEONE WHO IS AT LEAST 18 YEARS OLD AND WHO IS NOT A RELATIVE)

The person named below has applied for a volunteer position at Nazareth Hospital. All information you provide will be kept confidential. Please return the completed form either by mail or fax to:

Nazareth Hospital
2601 Holme Avenue
Philadelphia, PA 19152
Fax: 215-335-6265

Name of Applicant: _____

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Characteristics	Superior	Good	Average	Poor
Service-Oriented Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to Follow Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfills Commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern For Those Who Are Vulnerable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to provide any other comments that you feel would assist us in the placement of this potential volunteer.

Reference Name (please print your name): _____

Your Relationship to Applicant: _____

May We Contact You If Necessary? Phone Number: _____

☐ Home ☐ Cell ☐ Work

Signature (person providing reference): _____



I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

PLEASE PRINT BELOW**Personal Information:**

Name _____		Maiden Name _____	
Street Address _____		Apt. No. _____	
City _____	State _____	Zip Code _____	
Date of Birth _____		Social Security Number _____	Race _____ Male <input type="checkbox"/> Female <input type="checkbox"/>

Education Verification:

School #1 (Job-Related) _____	City _____	State _____
Degree Obtained _____	Graduation Date _____	
School #2 (Job-Related) _____	City _____	State _____
Degree Obtained _____	Graduation Date _____	

Signature_____
Date

CONSUMER DISCLOSURE AND AUTHORIZATION FORM Disclosure**Regarding Background Investigation**

Mercy Health System (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

HireRight, Inc. ("HireRight"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, and mode of living.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.