



Volunteer Application

1. Name _____ Phone No. _____

2. Street Address or P.O. Box _____ City/Zip Code _____

3. E-mail _____ Cell Phone _____

4. Birthday (MM/DD/YY) _____ (if under 18, parental consent is required)

5. Marital Status: _____ Name (if applicable): _____

6. Have you included dues to the Otsego Memorial Hospital Auxiliary with this application?

Yes/No _____

- _____ \$10 active member (requirement of 40 hours annually)
- _____ \$16 husband/wife, active members (requirement of 40 hours annually)
- _____ \$25 associate membership (no minimum volunteer requirement)
- _____ \$50 associate couple (no minimum volunteer requirement)

7. Snowbird/Out of area: Yes/ No _____

If yes, what time period are you away? _____ thru _____

Seasonal Address: _____ City _____ State _____ ZIP _____

8. Frequency with which you wish to volunteer?

Weekly/ Bi-weekly/ Every 2 weeks/ Monthly /Other _____

9. Identify your *preference/availability* for volunteering: (*please circle*)

Time of day: AM/ PM _____ Comments: _____

Day(s) of the week: Mon/ Tues/ Wed /Thurs/ Fri /Sat/ Sunday

Number of hours: ___hrs/day ___hrs/week ___hrs/month ___hrs/year ___other

10. Provide information for three individuals that we may contact as reference. You may provide references who are friends, neighbors, someone you know from church activities or a community organization, a previous coworker, employer, or other. Please utilize individuals that are most likely to be available via telephone during regular business hours.

Name _____ Phone (____) _____ - _____

Name _____ Phone (____) _____ - _____

Name _____ Phone (____) _____ - _____

11. Select *areas of interest*: (*Check all that apply.*)

_____ **Pink Awning Gift Shop** – Retail sales in the hospital gift shop

_____ **Family Surgical Waiting Room** (2nd floor surgical waiting room attendant/ transporter)

_____ **Greeter** - Greets patients/guests as they enter the hospital or Professional Medical Building.

_____ **McReynolds Hall (Skilled Nursing Facility) Volunteer** (*Check all that apply.*)

_____ Assist with games, i.e. bingo

_____ Read to residents, i.e. newspaper, bible stories, etc.

- Assist with craft projects, watercolors, other
- Assist residents in writing letters
- Assist residents with computer operation
- Socialize /visit with residents
- Group discussions (current events, bible study, book club, reminisce sessions, i.e. McReynolds's Hall "Men's Club")
- Assist with meals * **Feeding residents requires completion of a special volunteer training session.**
- Assist/accompany residents with a walk, i.e. wheelchair stroll into OMH garden area
- Assist with providing patient/resident transportation, i.e. church, picnic, and other field trips
- Assist with animal care (birds, cat)
- Assist with holiday/special occasion decorating, buffet dinners, parties
- Provide musical entertainment, i.e. instrumental/vocal
- Assist activity director/staff with clerical work, bulletin boards, stocking supplies
- Flower arranging, garden club, flower/plant care

Department Specific Tasks

- Birthing Center
- Health Information Management
- Foundation/ Marketing
- Other

Mail Sorting

Fundraising activities and/or Auxiliary committee work

Comments: _____

12. Note any **additional experience/skills** you may have that would help determine an appropriate and rewarding volunteer assignment for you, i.e. clerical skills, fundraising ability, retail sales experience, artist, musician, church or club officer, experience with crafts, gardening, teaching, other.

13. Have you ever been convicted of a crime? Yes/No _____

If yes, when, where and what was the nature of the offense? _____

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for denied volunteer privileges. I authorize Otsego Memorial Hospital to investigate all statements contained in this application and authorize previous employers or others to release information concerning my previous employment and any other pertinent information they may have, personal or otherwise, without liability for any damage incurred in giving it. If offered volunteer privileges, I agree to conform to the rules and regulations of the hospital. I understand that volunteer privileges can be terminated at any time, at the option of either the hospital or myself, with or without cause, and with or without notice.

Applicant Signature _____ **Date** _____

Parent Signature (Required if less than 18 yrs of age.) _____ **Date** _____

Mail completed application to:

Kim Biddinger
 Otsego Memorial Hospital
 825 N. Center Avenue
 Gaylord, MI 49735

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I,

LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") Otsego Memorial Hospital will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to Otsego Memorial Hospital. Otsego Memorial Hospital uses Abso, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Otsego Memorial Hospital and Abso.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Otsego Memorial Hospital if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Otsego Memorial Hospital. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: Abso, 101 Creekside Ridge Court 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S.§148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed Today's Date
Name as it appears on your driver's license Position Applied For
Social Security Number Date of Birth Driver's License Number State

Other names you have used or are also known as, including maiden name, name changes and any aliases

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST TEN (10) YEARS

Mo./Yr./ Mo./Yr.
Current Address: Street Apt.# City State Zip Code From / Present To Present County
Former Address: Street Apt.# City State Zip Code From / To? County
Former Address: Street Apt.# City State Zip Code From / To? County
Former Address: Street Apt.# City State Zip Code From / To? County

A summary of your rights under the Fair Credit Reporting Act is located on the following page.

Please read and scroll to the bottom of the page to sign this document.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency, Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System members banks(except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Saving associations and federally chartered saving banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision, Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act. 1921	Department of Agriculture, Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

I acknowledge receipt of the preceding "Summary of Rights" by checking this box.