

# BAPTIST HEALTH CARE VOLUNTEER APPLICATION

*Baptist Health Care is an Equal Opportunity Employer and a Drug-Free Workplace*

Applicants must complete both **Part I Pre-Application** and **Part II Application** to be considered for volunteering. Incomplete applications will not be accepted. It is very important to answer every question completely and honestly. Applications will only be valid for 60 days and after that time must be resubmitted.

## PART I – PRE-APPLICATION

- ✓ Complete **Background and Criminal History**
- ✓ **Check** Questions
- ✓ Read and Agree to the following Applicant Statements:
  - **Applicant Certification**
  - **Authorization to Seek and Give References**
  - **Code of Conduct Summary**

### **BACKGROUND AND CRIMINAL HISTORY CHECK**

Baptist Health Care conducts background screenings, including criminal histories.

**You MUST answer the following questions completely and truthfully.** A “YES” answer to these questions will not automatically bar you from volunteering. The nature, job relatedness, severity, and date of the criminal offense(s) and/or intentional torts in relation to the position for which you are applying will be considered. However, failure to answer the questions in this **application truthfully and completely may result in your disqualification from consideration for volunteering or discharge from volunteering if you are accepted.**

Please note that criminal offenses in your criminal history or intentional torts do not “disappear” from your record after any certain amount of time, and thus you must disclose all offenses and intentional torts in this application **regardless of how long ago the offense occurred.** If you have any questions, please ask to speak to a human resources manager.

1. Have you **EVER in your life** pled guilty to any crime or criminal offense, had adjudication of guilt withheld for any crime or criminal offense, OR been convicted, fined or sentenced, placed on probation, incarcerated, placed on house detention (sometimes called “house arrest”), assessed any costs of criminal court or had any other criminal penalty imposed upon you?

YES

NO

#### **If No, Go To #2**

- 1A. If the answer to Question 1 above is YES, please identify, explain and give details about the type(s) and circumstances of the crimes(s) or criminal offense(s) or matters related to Question 1 above:

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- 1B. For each crime or criminal offense or matter identified above, please identify:
  - a. The dates of the crime, conviction, plea and/or adjudication of guilt withheld AND
  - b. The penalty(ies), sentence, or disposition(s) imposed for each crime or criminal offense or matter.

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## Background and Criminal History Check – Continued

1C. For each crime or criminal offense or matter identified above, please identify the State and location in which each crime or criminal offense or matter occurred:

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2. Have you **EVER in your life** been a defendant or been sued in a civil action or lawsuit for an intentional tort (or an intentional civil wrong, such as, for example, trespass, civil theft, battery, assault, false arrest or imprisonment, employment discrimination or harassment, civil rights violations, slander, libel, fraud or deceptive trade practices)?

YES  NO

If NO, Go to #3

2A. If the answer to Question 2 is YES, please identify, explain, and give details about the type or nature of each intentional tort claimed against you and circumstances of that claim alleged against you:

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2B. For each intentional tort identified above, please:

- a. Identify the dates of the civil action or lawsuit.
  - b. Describe and explain the final disposition or end result of each civil action or lawsuit,  
AND
  - c. Identify the date of that final disposition or end result.
- 

3. Are you currently on probation for a crime, criminal proceeding or have you been off probation **LESS** than one year?

YES  NO

If YES – Unfortunately, our Employment policy is that an applicant must be out of the criminal probation system for at least one year prior to be considered for employment. Since you do not meet these criteria, you are not eligible to be considered for employment at this time. Thank you for your interest in Baptist Health Care.

Remember that failure to report accurately, truthfully and completely the information requested above may result in your being disqualified from consideration for employment/volunteering or discharged from employment/volunteering if you are hired. If you have any questions, please ask to speak with a human resources manager.

### **READ EACH STATEMENT CAREFULLY BEFORE COMPLETING:**

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#### **APPLICANT CERTIFICATION**

I hereby certify that the information given by me in this application – both Part I and Part II, and during the interview process is true and complete in all respects to the best of my knowledge. I understand that all information on this application is subject to verification, and I agree that if the information is found to be **UNTRUE OR MISLEADING IN ANY RESPECT, I WILL BE DISQUALIFIED FROM CONSIDERATION FOR VOLUNTEERING OR IF VOLUNTEERING SUBJECT TO IMMEDIATE DISCHARGE.**

\_\_\_\_\_ Initials – by initialing I signify that I have read, understand and agree with the **Applicant Certification** statement above.

#### **AUTHORIZATION TO SEEK AND GIVE REFERENCES**

I hereby authorize Baptist Health Care “BHC” to seek references from previous employers or friends listed on this form. I authorize the references and previous employers listed to give BHC all information and facts concerning me and my previous employment. I will not hold them responsible for any action or lack of action that may be taken by others on the information provided. I understand that the information provided to BHC may not be disclosed to me and I waive my right of access to this information.

\_\_\_\_\_ Initials – by initialing, I signify that I have read, understand and agree to the **Authorization to Seek and Give References** statement above.

## CODE OF CONDUCT SUMMARY

**PURPOSE:** This code of conduct is intended to provide guidance and reflect behaviors consistent with laws and regulations and with our commitment to service.

Baptist Health Care will/is:

- **Committed to providing the highest quality of service by meeting the needs of our patients/clients/residents with utmost care and courtesy, and performing our duties in a responsible, reliable, appropriate and cost effective manner.** 1) Respect patients' dignity, comfort, convenience, and time. 2) Listen attentively. 3) Keep them informed of treatment alternatives and risk factors. 4) Make decisions based on clinical needs and medical necessity. 5) Provide equal access to care (non-discriminatory).
- **Operate in accordance with high legal, moral and ethical standards and with all applicable laws, regulations and standards.** 1) Not pay anyone for referral of patients. 2) Not tolerate false statements to government agency or other payer. 3) Not engage in any illegal business practices intended to influence the decisions of any external representative, including bribery, kickbacks, or payoffs.
- **Perform our duties on behalf of the company and patients in a truthful and loyal manner.** 1) Not accept gifts that cannot be shared such as food, unless specifically approved by my supervisor. 2) Not become involved for personal gain with competitor, patient or supplier. 3) Not place business with any company in which there is a family relationship or conflict of interest.
- **Operate in an environment wherein the health, safety, privacy and comfort of our patients and Team Members come first.** 1) Comply with all safety rules and regulations. 2) Support an alcohol and drug-free workplace.
- **Committed to reasonably protect, support and develop our staff to its fullest potential in a fair and equitable manner. Professional growth, career development and individual empowerment are actively encouraged and rewarded.** 1) Offer equal employment opportunity. 2) Maintain a work environment free from all forms of harassment, including offensive comments and jokes.
- **Protect against the loss, theft, destruction, inappropriate use and misuse of our assets and those of others entrusted to us, including physical property and proprietary information.** 1) Safeguard confidential patient information. 2) Care for all assets, property, equipment, and supplies that belong to Baptist Health Care.
- **Promptly report to management any transaction (billing and coding) that is not recorded in compliance with our policies and procedures.** 1) Ensure accurate bills for only services actually rendered and based on documented medical necessity. 2) Not tolerate submission of false or fraudulent claims.

\_\_\_\_ Initials – by initialing I signify that I have read and understand the **Code of Conduct Summary** statement.

### ELIGIBILITY TO PARTICIPATE IN FEDERALLY FUNDED HEALTH CARE PROGRAMS

If you have ever been listed by a Federal Government Agency as debarred, excluded or otherwise ineligible for participation in federally funded Health Care programs, you are NOT qualified to work for or contract with Baptist Health Care. Please check the appropriate box below:

- Yes, I have been listed or I am under investigation by a Federal Government Agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs.
- No, I have not been listed by a Federal Government Agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs. I agree to immediately disclose to the Company any debarment suspension, exclusion or other event that makes me ineligible to participate in any federally funded health care programs.

### CONSENT TO USE IMAGE OR LIKENESS

I also give my permission for the use of any photograph or likeness taken of me during my term of volunteering to be used in Baptist Health Care publications, including those used for internal communications and those intended to promote this organization to the general community.

### APPLICATION VALID FOR 60 DAYS

I acknowledge that this application will be valid for 60 days only and only for a Volunteer position.

I hereby certify that the information given by me in this application – both Part I and Part II, is true and complete in all respects to the best of my knowledge. By signing below, I signify that I have read, understand, and agree with ALL of the Application Statements.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART II  
APPLICATION FOR VOLUNTEER SERVICES**

**Baptist Health Care is an Equal Opportunity Employer and is a Drug-Free Workplace.**

TODAY'S DATE \_\_\_\_\_

Applicants must complete both Part I Pre-Application and Part II Application to be considered for volunteering. Incomplete applications will not be accepted. It is very important to answer every question completely and honestly. Application will only be valid for 60 days, and after that time, must be resubmitted.

NAME (First, Middle, Maiden and Last)	MAILING ADDRESS (Number & Street)
PREFERRED NAME	CITY, STATE, ZIP CODE
NAME as it appears on Social Security Card	SOCIAL SECURITY NUMBER
TELEPHONE	CELL PHONE
EMAIL ADDRESS	

What are your work preferences? (Check all that apply)

Monday   
  Tuesday   
  Wednesday   
  Thursday   
  Friday  
 Morning (8am – 12pm)   
  Afternoon (12pm – 4pm)

Have you ever been Employed, served an Internship, Residency or Clinical Rotation (circle which)  
 With any facility of Baptist Health Care?     YES     NO  
 If yes, please indicate which facility: \_\_\_\_\_  
 Dates: \_\_\_\_\_

Do you have any relatives currently employed at any Baptist Health Care facility?  
 YES     NO

Are you 14 years of age or older?  
 YES     NO

**EMPLOYMENT HISTORY – Please provide Employment History beginning with your present and/or most recent.**

DATE	COMPANY/ADDRESS	POSITION	REASON FOR LEAVING

**EMPLOYMENT HISTORY – (Continued)**

DATE	COMPANY/ADDRESS	POSITION	REASON FOR LEAVING

**EDUCATION**

SCHOOL NAME/LOCATION	#OF YEARS COMPLETED	COURSE OF STUDY	DID YOU GRADUATE? Y      N	DEGREE

**PREVIOUS WORK DUTIES, SKILLS AND ABILITIES:**


**How were you referred to volunteer at Baptist Health Care? Why would you like to volunteer?  
Can you commit to a minimum of 6 months?**


## Authorization to Conduct Employment Background Investigation

I hereby authorize Justifacts Credential Verification, Inc, an Agent for Baptist Health Care, Inc. (Company), to ascertain information regarding my background for the purpose of preparing a background report (consumer report). I understand that this form indicates that a background check will be conducted. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics and mode of living (solely to the extent necessary to prepare the report). As such, I authorize an investigation of my personal history, motor vehicle records, academic records, employment history, drug screening, criminal records through an investigative or bureau of your choice, credit history through an investigative or credit agency or bureau of your choice, criminal records, and credit history through an investigative or credit agency or bureau of your choice through any consumer reporting agency solely to the extent necessary to prepare the report and subject to any other informational privacy protections I may have. I authorize the release of this information by the agencies/companies that have the covered information to the consumer reporting agency and to the Company. I understand that my consent will apply throughout my association with Company, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

**PLEASE PRINT CLEARLY**

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

OTHER NAMES USED/MAIDEN NAME/DATES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ALL ADDRESSES FOR PAST 7 YEARS:

\_\_\_\_\_ Dates: \_\_\_\_\_  
\_\_\_\_\_ Dates: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

**\*MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_ YES \_\_\_ NO**

**\*HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ YES \_\_\_ NO**

\*If yes, please explain: \_\_\_\_\_

*Note: No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.*

*Notice to California Applicants ? You may omit any arrest, detention, processing, diversion, supervision, adjudication, or court disposition that occurred while you were subject to the process and jurisdiction of a juvenile court of law. You may also omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed.*

*Notice to Massachusetts Applicants: You may omit a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting there from, whichever date is later, occurred five or more years prior to the date of this application for employment, unless you have been convicted of any offense within five years immediately preceding the date of this application for employment.*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## A Summary of Your Rights Under the Fair Credit Reporting Act

Para Informacion en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la FTC Consumer Financial Protection Bureau, 1700 G. Street, N.W., Washington, DC 20552

The 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or any other type of consumer report to deny your application for credit, insurance, or employment - or to take adverse action against you - must tell you, and 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 file;
  - You are the victim of identity theft and place a fraud alert in your file;
  - Your file contains inaccurate information as the result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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 the consumer reporting agencies that create credit 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 free from the mortgage lender.
- **You have a 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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 report 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 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers of credit and insurance must include a toll-free 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)
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

**You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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. For info about your federal rights contact:

TYPE OF BUSINESS	CONTACT:
1.a. Banks, savings associations and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Protection 1700 G Street NW Washington DC, 20552 b. Federal Trade Commission: Consumer Response Center -FCRA Washington, DC 20580 1-877-382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050

<p>federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.  c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations  d. Federal Credit Unions</p>	<p>b. Federal Reserve Consumer Help Center  PO Box 1200  Minneapolis, MN 55480  c. FDIC Consumer Response Center  1100 Walnut Street, Box #11  Kansas City, MO 64106  d. National Credit Union Administration  Office of Consumer Protection (OCP)  Division of Consumer Compliance and Outreach (DCCO)  1775 Duke Street, Alexandria VA 22314</p>
<p>3. Air Carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings  Aviation Consumer Protection Division  Department of Transportation  1200 New Jersey Avenue, S.E.  Washington DC, 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board  Department of Transportation  395 E Street, S.W.  Washington DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration Area Supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access  United State Small Business Administration  409 Third Street, SW, 8<sup>th</sup> Floor  Washington DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission  100 F Street NE  Washington DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration  1501 Farm Credit Drive  McLean VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington DC 20580 (877) 382-4357</p>



**Fair Credit Reporting Act Disclosure Consumer Report**  
(Required use under Section 604(b) of the FCRA)

Baptist Health Care, Inc. (“Company”) intends to obtain and use a consumer report from Justifacts Credential Verification, Inc, an external consumer reporting agency, to be used for employment purposes, including periodic rescreening throughout your employment with Company.

A consumer report may include information about your character, general reputation, personal characteristics, or mode of living, which is used or collected for employment purposes.

**ACKNOWLEDGMENT**

I hereby acknowledge and understand this disclosure and that it applies throughout my employment with Company.

SIGNATURE: \_\_\_\_\_

FULL LEGAL NAME (please print): \_\_\_\_\_

DATE: \_\_\_\_\_

Justifacts Credential Verification, Inc 5250  
Logan Ferry Rd  
Murrysville PA 15668  
800-356-6885  
[www.justifacts.com](http://www.justifacts.com)

**Fair Credit Reporting Act Disclosure Investigative Consumer Report**  
(Required use under Section 606(a) of the FCRA)

Baptist Health Care, Inc. ("Company") intends to obtain and use an investigative consumer report from Justifacts Credential Verification, Inc, an external consumer reporting agency.

A investigative consumer report may include information about your character, general reputation, personal characteristics, or mode of living, which is used or collected for permissible purposes. An investigative consumer report also involves personal interviews with sources such as employers, references, etc.

You have a right to request additional disclosures of the nature and scope of any investigative consumer report that the Company obtains about you by contacting the Company.

**ACKNOWLEDGMENT**

I hereby acknowledge and understand this disclosure and that it applies throughout my  
employment with Company.

SIGNATURE: \_\_\_\_\_

FULL LEGAL NAME (please print): \_\_\_\_\_

DATE: \_\_\_\_\_

Justifacts Credential Verification, Inc  
5250 Logan Ferry Rd  
Murrysville PA 15668  
800-356-6885  
www.justifacts.com

**JUSTIFACTS STANDARD BACKGROUND CHECK WAIVER**  
**Permission for Confidential Reference Check**

**PLEASE PRINT NAME OF REFERENCE**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

*To Whom It May Concern:*

*I have applied to Baptist Health Care to join the Volunteer Team. I hereby authorize Baptist Health Care to request such information, as necessary, to verify my qualifications/suitability for the position for which I have applied. I also request and authorize you to release this information to Baptist Health Care, release you from any liability or damage resulting from your providing such information.*

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

.....  
\_\_\_\_\_ has applied for a Volunteer position with Baptist Health Care. We would appreciate your evaluation of this applicant, as to character, initiative, dependability, etc. along with any comments which you feel would be helpful.

All information received will be kept CONFIDENTIAL.

How do you know this applicant? \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

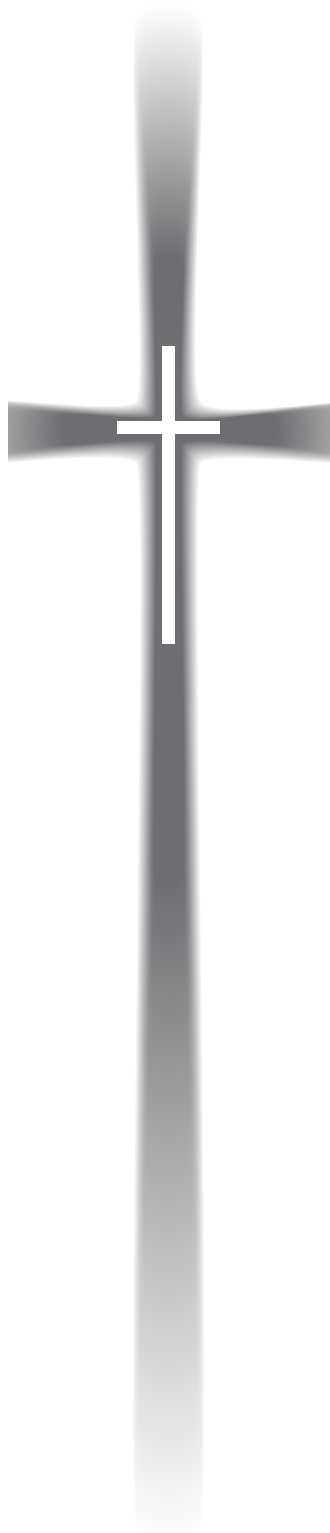
Are you aware of any condition this person has which would adversely affect his/her ability to serve as a Volunteer?   \_\_\_ NO   \_\_\_ YES

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Thank you for your prompt response.

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



# Our **Mission**

Helping people throughout life's journey.

# Our **Vision**

To be *the* trusted partner for improving the quality of life in the communities we serve.

# Our **Values**

Guided by Christian values, we commit to the following:

**Ownership** | accountable, engaged, stewardship, responsive, committed

**Integrity** | honest, principled, trustworthy, transparent

**Compassion** | empathetic, merciful, sensitive, kind, giving, forgiving, hopeful

**Excellence** | safety, quality, distinguished, learning, improving

**Service** | welcoming, attentive, humble, respectful, exceeds expectations, collaborative



## Welcome to TrackMy!

Baptist Health Care has partnered with TrackMy Solutions to implement a vaccine verification and management platform. All team members will be required to maintain their vaccination status in TrackMy for compliance and reporting purposes.

TrackMy makes this process easy with the ability to automatically obtain your vaccine records from the state immunization systems. Exemptions and self-reported doses will also be managed through TrackMy for your convenience.

1. Go to [bhcpns.trackmyverivax.com](https://bhcpns.trackmyverivax.com) or scan the QR code below.
2. Click the white “Register” Button
3. Enter your Registration Key
  - a. If you’re doing a student rotation, enter **STUDENT**
  - b. If you’re working as a volunteer or volunteen, enter **VOLUNTEER**
4. You should be prompted to complete your profile demographic information.
5. Click Register
6. Navigate to “Retrieve Vaccine History.”
7. Complete the needed steps such as entering your name and state where previous vaccines were received. *Please make sure to put in additional queries for different names & different states. (This is vital to pull any results.)*
8. Click “Finish and Save.”

**To upload proof of Vaccines, please refer to ‘My Vaccines’ and the ‘Add A Dose’ button. To upload a titer result please navigate to ‘Submit a Test Result.’**

To check your overall compliance, please go to the Compliance Dashboard from the homepage. This will show you what Baptist Health Care is monitoring for employee vaccinations.



If you have questions, please refer to the help tile in TrackMy or email [tmh@bhcpns.org](mailto:tmh@bhcpns.org).

# VOLUNTEER CONTACT INFORMATION

**(Please Print)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

.....

## **In Case of Emergency:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

4. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_