
BAPTIST HOSPITAL

VolunTEEN Program

High school students between 14 and 18 years of age may apply to our VolunTEEN program. Once the program is full, no additional applications will be accepted. Teens must reapply each year.

Each student is required to volunteer a minimum of two days per week, four hours per day (one shift), up to 16 hours per week.

VolunTEEN SUMMER PROGRAM

June through August (depending on when school starts)

Applications are accepted starting the first Monday in April through mid-May. Space is limited and students are accepted on a first come basis.

VolunTEEN OPPORTUNITIES

- **Wayfinding and Information Desk** – Greet patients and guests and provide directions and general information.
- **Patient Care Support** – Assist professional staff in providing comfort measures to patients and maintain clean waiting room area.

Dear VolunTEEN Applicant,

We are pleased that you have chosen Baptist Hospital as a potential place of service. We hope to have a great group of excited, compassionate and committed teens working with our exceptional staff!

Enclosed in this packet, you will find four essential forms you must complete for the program:

1. VolunTEEN Guidelines
2. Parent/Guardian Permission Form
3. Teacher/Counselor Recommendation Form (2 forms)
4. Schedule Choice

Please read over the information very carefully, and be sure to complete ALL forms before calling to schedule a personal interview. If the information is not filled out completely, we cannot process the application. Once you have completed everything, please call Volunteer Services at 850.434.4936 to schedule an interview. Remember to bring all signed papers with you to the interview.

Thank you and we hope to see you soon!

Sincerely,

Kathy Larsen
Director, Volunteer Services

BAPTIST HOSPITAL

VOLUNTEER SERVICES DEPARTMENT

VolunTEEN Guidelines

PURPOSE

Baptist Hospital feels a responsibility to provide students the opportunity to serve the community by being able to observe and actively participate in various charitable volunteer activities within the hospital.

ELIGIBILITY REQUIREMENTS

Maintain a good scholastic standing.

Be between the ages of 14 and 18.

Maintain a clean, neat appearance and adhere to the uniform policy.

Be dependable and trustworthy and maintain patient confidentiality.

Be kind and courteous to hospital staff, patients and visitors.

Be able to attend all orientation trainings.

Provide proof of a TB skin test (available at the BHC Team Member Health Department) and up-to-date immunizations.

SUPERVISION AND TRAINING

Volunteers will be under the direction of the Baptist Hospital volunteer director.

Training will be provided by hospital personnel or the volunteer director.

Volunteers must adhere to all department and hospital regulations, as applicable.

VOLUNTEER HOURS

Each student is required to volunteer a minimum of two days per week, four hours per day (one shift), up to 16 hours per week.

ASSIGNMENTS

Volunteers sign in at the Volunteer Office and report to their assigned department supervisor at the beginning of each shift. If the volunteer is unable to report to work as scheduled or is going to arrive late, the volunteer must notify his/her assigned department supervisor and the volunteer director at 850.434.4936 prior to the scheduled shift. **(Please note – it is not the volunteer director's responsibility to contact the department for volunteers who are late or absent. It is the volunteer's responsibility to get a point of contact for his/her assigned department supervisor.)**

ATTENDANCE REQUIREMENTS

Failure to notify the volunteer office is a NO SHOW.

THREE NO SHOWS =DISMISSAL FROM PROGRAM.

TRANSPORTATION

Volunteers are responsible for arranging their own transportation to and from the hospital.

UNIFORM POLICY

Volunteers will wear a khaki scrub shirt with black scrub pants, black pants or black skirt. **No jeans or shorts.**

Shoes: Low-heeled, rubber-soled white shoes. Clean white sneakers are acceptable.

Name badge: To be worn on the **upper right torso at all times.**

Jewelry: Only minimal jewelry is acceptable.

Perfumes and colognes: Are not to be worn.

Hair: Must be neat and tied away from the face, **no bows.**

GENERAL INFORMATION

If a volunteer is absent for a period of time or decides to leave the program, the volunteer director must be notified in writing.

Any injury while on duty is to be reported to the volunteer's assigned department supervisor and volunteer office. Violation of any policy may result in dismissal. All problems are to be reported to Volunteer Services.

Very important: volunteers may eat lunch **before or after their shift, not during volunteer hours.** Baptist will provide a meal to volunteers each shift up to \$4.50. Anything over this amount is the volunteer's responsibility. Volunteers must volunteer a total of four hours to receive a meal. **No cell phones are to be used, and no texting is permitted during volunteer hours.** Remember to log volunteer hours at the end of each shift.

BAPTIST HOSPITAL
VolunTEEN PROGRAM

PERMISSION FORM

This is to be completed and signed by a parent or legal guardian ONLY.

I, _____ (parent/guardian's name) give permission for my child, _____ (child's name) to volunteer at Baptist Hospital. I will ensure his/her transportation to and from the hospital. I understand that he/she cannot arrive at the hospital more than 30 minutes prior to his/her assigned volunteer shift(s) and must be picked up promptly at the end of the volunteer shift. I also understand that VolunTEENs are not allowed to leave their department unless approved by authorized personnel. I further understand that VolunTEENs may not leave the Baptist Hospital campus for lunch or any other reason unless expressly approved by the parent/guardian.

Signature of Parent/Guardian

Date

Signature of VolunTEEN

Date

BAPTIST HOSPITAL
TEACHER/COUNSELOR RECOMMENDATION FOR
VolunTEEN PROGRAM

School name and address: _____

Student name: _____ Grade level: _____

Baptist Hospital Volunteer Services is seeking students as applicants for the Summer VolunTEEN Program who are responsible, dependable, caring and have the ability to provide high quality service to our patients, guests and staff.

We ask that you carefully consider the criteria when evaluating your student. Thank you for taking the time to complete this recommendation. Please return it to your student to be brought in during their hospital volunteer interview.

Please circle the appropriate rating:

School Attendance	Excellent	Good	Average	Fair	Poor
Punctuality	Excellent	Good	Average	Fair	Poor
Conduct	Excellent	Good	Average	Fair	Poor
Dependability	Excellent	Good	Average	Fair	Poor
Follows Instructions	Excellent	Good	Average	Fair	Poor
Accepts Responsibility	Excellent	Good	Average	Fair	Poor
Shows Initiative	Excellent	Good	Average	Fair	Poor

Scholastic average: 77-85 86-92 93-100

Do you recommend this student as an applicant for the Baptist Hospital VolunTEEN program? Yes No

Comments: _____

Name and position: _____

Signature: _____ Date: _____

Telephone: (W) _____ (H) _____ Best time to call: _____

BAPTIST HOSPITAL
TEACHER/COUNSELOR RECOMMENDATION FOR
VolunTEEN PROGRAM

School name and address: _____

Student name: _____ Grade level: _____

Baptist Hospital Volunteer Services is seeking students as applicants for the Summer VolunTEEN Program who are responsible, dependable, caring and have the ability to provide high quality service to our patients, guests and staff.

We ask that you carefully consider the criteria when evaluating your student. Thank you for taking the time to complete this recommendation. Please return it to your student to be brought in during their hospital volunteer interview.

Please circle the appropriate rating:

School Attendance	Excellent	Good	Average	Fair	Poor
Punctuality	Excellent	Good	Average	Fair	Poor
Conduct	Excellent	Good	Average	Fair	Poor
Dependability	Excellent	Good	Average	Fair	Poor
Follows Instructions	Excellent	Good	Average	Fair	Poor
Accepts Responsibility	Excellent	Good	Average	Fair	Poor
Shows Initiative	Excellent	Good	Average	Fair	Poor

Scholastic average: 77-85 86-92 93-100

Do you recommend this student as an applicant for the Baptist Hospital VolunTEEN program? Yes No

Comments: _____

Name and position: _____

Signature: _____ Date: _____

Telephone: (W) _____ (H) _____ Best time to call: _____

If you have questions, please contact Volunteer Services, 850.434.4935.

VolunTEEN SCHEDULE PREFERENCES

Name: _____ Phone: _____

What two days of the week would you prefer to work?

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

What shift would you prefer to work?

8 a.m. – noon noon – 4 p.m.

BAPTIST HOSPITAL VOLUNTEER SERVICES

PART I PRE-APPLICATION

Baptist Health Care is an Equal Opportunity Employer and
Is 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

- *Read and Agree to Standards of Performance
- *Complete Background and Criminal History Check Questions
- * Read and Agree to the following Applicant Statements:
 1. Applicant Certification
 2. Authorization to Seek and Give References
 3. Code of Conduct Summary

Part II - Application

PART I - PRE-APPLICATION

STANDARD OF PERFORMANCE

A set of performance standards has been developed by the employees of Baptist Health Care to establish specific behaviors that all employees are expected to practice while on duty. All applicants are required to read Baptist Health Care's Standards of Performance and agree to comply with them prior to applying.

Standards of Performance

Attitude

- Our job is to serve our customers and provide high quality service with care and courtesy. Always thank customers for choosing Baptist Hospital. Exceed expectations.
- Acknowledge a customer's presence immediately. Smile and introduce yourself at once.

Appearance

- Be clean and professional.
- Follow dress code policies and wear your identification badge correctly at all times.
- Pick up litter and dispose of it properly. Clean up spills and return equipment to its proper place.

Communication

- Listen to customers. Be courteous. Don't use jargon. Keep patient information confidential.
- Acknowledge call lights by the fifth ring and respond to requests within three minutes. Always address the patient by name.
- Anticipate patients' needs so they will not have to use their call lights.
- Ensure continuity of care by reporting to relief caregivers before leaving the floor. Return promptly from breaks.
- Check on patients one hour before shift change to minimize requests during report.

Commitment to Co-workers

- Treat one another as professionals deserving courtesy, honesty and respect. Welcome newcomers.
- Avoid last-minute requests and offer to help fellow employee/volunteers whenever possible.
- Cooperate with one another. Don't undermine other people's work; praise whenever possible.
- Do not chastise or embarrass fellow employees/volunteers in the presence of others.
- Address problems by going to the appropriate supervisor.

Customer Waiting

- Educate families about processes and provide a comfortable atmosphere for waiting customers.
- An acceptable waiting time for scheduled appointments is ten minutes; it's one hour for non-scheduled appointments.
- Offer refreshments and an apology if a wait occurs. Always thank customers for waiting.
- Update family members periodically - at least hourly - while a customer is undergoing a procedure.

Standards of Performance - Continued

Elevator Etiquette

- Always smile and speak with fellow passengers; hold the door open for others.
- When transporting patients in wheelchairs, always face them toward the door and exit with care. If transporting a patient in a bed or stretcher, politely ask others to wait for another elevator.
- Pause before entering and elevator so you do not block anyone's exit. Step aside or to the back to make room for others.
- Walk departing guests to the elevator.

Privacy

- Make sure that patient information is kept confidential. Never discuss patients and their care in public areas.
- Knock before entering. Close curtains or doors during exams and procedures. Provide a robe or second gown if the patient is ambulating or in a wheelchair. Make sure all gowns are the right size for the patient.

Safety Awareness

- Report all accidents or incidents promptly.
- Correct or report any safety hazard you see.
- Use protective clothing, gear and procedures when appropriate.

Sense of Ownership

- Take pride in this organization as if you own it. Accept the responsibilities of your job.
- Adhere to policies and procedures. Live the values of this organization. Do the right thing.

_____ **Initials** - by initialing I signify that I have read, understand, and agree to comply with and practice the Standards outlined above.

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 for volunteering. The nature, job relatedness, severity and date of 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 with a human resources manager.

1. Have you **EVER in your life** pled guilty to any crime or criminal offense, pled no contest (sometimes knows as "nolo contendere") to any crime or criminal offense, had adjudication of guilt withheld for any crime or criminal offense, OR been convicted, fined, 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 crime(s) for criminal offense(s) or matters referred to in Question 1 above:

- 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.

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:

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

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 offenses, or in a 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 1 year to be considered for employment. Since you do not meet this 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:

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 TO 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.

Authorization to seek and to give references continued

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 to give References statement above.

CODE OF CONDUCT SUMMARY

PURPOSE: This code of conduct is intended to provide guidance and reflect behaviors consistent with law 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 payor. 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 employees 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 above.

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 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 the ALL of the Application Statements.

Name (please print)

Signature

Date

Fair Credit Reporting Act Notification

Baptist Health Care (the "company") intends to obtain and use a consumer report or an investigative consumer report from Justifacts Credential Verification, Inc, an external consumer reporting agency for employment purposes. These purposes may include but are not limited to:

- considering your application for employment;
- making a decision whether to offer you employment with the company;
- deciding whether to continue your employment (if you are hired by the company);
- doing periodic rescreening of current employees, and/or;
- making any other employment decisions affecting you.

A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers. As an applicant or an employee, you are considered a "consumer" under the Fair Credit Reporting Act.

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. An investigative consumer report also involves personal interviews with sources such as employers, educators, etc.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the company obtains about you. You also have other rights under the Fair Credit Reporting Act, a summary of which is available at: <https://app.justifacts.com/pdfs/SummaryOfRightsUnderTheFCRA.pdf>

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby acknowledge receipt of this disclosure and that Baptist Health Care may obtain consumer reports and investigative consumer reports about me from a consumer reporting agency and that they may consider information in consumer reports and investigative consumer reports as part of their decision making process regarding any aspect of my application for employment and/or continued employment with the company including periodic rescreening of current employees. I also acknowledge that I have received a copy of the Summary of Rights under the Fair Credit Reporting Act.

By selecting **AGREE** below, I acknowledge that I am creating an electronic signature and that I understand it will be legally binding and enforceable as the legal equivalent of a handwritten signature.

***AGREE** **DISAGREE**

SIGNATURE: _____ **DATE:** _____

Parent or Guardian Signature: _____ **Date:** _____

State Specific Notices

Notice to California Residents:

Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts (5250 Logan Ferry Rd, Murrysville PA 15626 - 800-356-6885, www.justifacts.com), upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you to whom Justifacts has previously furnished within the three-year period preceding your request. Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows: (1) In-person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided. (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer. Justifacts shall provide trained personnel to explain to you any information furnished, including coded information. You are permitted to be accompanied by one other person of your choosing, who shall furnish reasonable identification. Justifacts may require you to furnish a written statement granting permission to Justifacts to discuss your file in such person's presence.

Massachusetts Residents:

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 copy of such report upon its completion.

New York Residents:

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 whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. Upon furnishing you the name and address of the consumer reporting agency to whom the request was made, you shall also be informed of your right to inspect and receive a copy of such report by contacting that agency.

Vermont Residents:

Per 9 V.S.A. § 2480a. Consumer consent:

- a. A person shall not obtain the credit report of a consumer unless:
 - 1. the report is obtained in response to the order of a court having jurisdiction to issue such an order; or
 - 2. the person has secured the consent of the consumer, and the report is used for the purpose consented to by the consumer.
- b. Credit reporting agencies shall adopt reasonable procedures to assure maximum possible compliance with subsection (a) of this section.
- c. Nothing in this section shall be construed to affect:
 - 1. the ability of a person who has secured the consent of the consumer pursuant to subdivision (a)(2) of this section to include in his or her request to the consumer permission to also obtain credit reports, in connection with the same transaction or extension of credit, for the purpose of reviewing the account, increasing the credit line on the account, for the purpose of taking collection action on the account, or for other legitimate purposes associated with the account; and
 - 2. the use of credit information for the purpose of prescreening, as defined and permitted from time to time by the Federal Trade Commission. (Added 1991, No. 246 (Adj. Sess.), § 1.)

Washington Residents:

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 requested by the Company. Additionally, you have certain rights and remedies under Washington law as summarized below:

A SUMMARY OF YOUR RIGHTS UNDER THE WASHINGTON FAIR CREDIT REPORTING ACT:

The Washington Fair Credit Reporting Act, located at Chapter 19.182 RCW, substantially parallels the federal Fair Credit Reporting Act and the rights and remedies set forth in the Federal Trade Commission's Summary of Rights, except that, effective July 22, 2007, the Washington State law imposes greater limitations on the reasons for which an employer may obtain a consumer report. Beginning July 22, 2007, an employer may not obtain a consumer report that indicates the consumer's credit worthiness, credit standing, or credit capacity, unless (1) the information is substantially job related and the employer's reasons for using the information are disclosed in writing, or (2) the information is required by law.

You may exercise your rights and remedies under this Act by contacting:

Washington State Attorney General's Office
In State Toll-Free Number:
800-551-4636
Out of State Number:
206-464-6684
Website: <http://www.atg.wa.gov/Default.aspx>

***AGREE ___ DISAGREE ___**

SIGNATURE: _____

DATE: _____

Parent or Guardian Signature: _____

Date: _____

Notification and Authorization to Conduct Employment Background Investigation

I hereby authorize Justifacts Credential Verification, Inc, an Agent for Baptist Health Care to ascertain information regarding my background to determine any and all information of concern to my record and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. 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. Additionally, you are hereby authorized to make any investigation of my personal history, employment history, educational background, military record, motor vehicle records and criminal records through an investigative or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. I understand that my consent will apply throughout my employment, 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: _____
_____ Dates: _____

EMAIL ADDRESS: _____ GENDER: _____

PHONE #: _____ SECONDARY PHONE #: _____

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 ___**

Notice to California Applicants: By signing below, you acknowledge receiving the "Notice to California Residents". 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.

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.

If yes, please explain: _____

SIGNATURE: _____ **DATE:** _____

Parent or Guardian Signature: _____ **Date:** _____

The information provided and obtained from the background verification process will be used for employment purposes only and will not be shared with any other party.

California, Minnesota & Oklahoma Applicants Only: Please check this box if you would like a copy of the background check mailed to you. Minnesota and Oklahoma residents will receive a copy direct from Justifacts or its designee. California residents may receive a copy from either the prospective employer or Justifacts.

NOTICE: Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation.

Subscriber certifies that consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 at seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fined not more than \$2,500 or imprisoned not more than two years or both."

CONFIDENTIALITY AGREEMENT

Volunteer Services

All patients of Baptist Health Care have the right to have their medical information accessed only by those who are directly involved in their care or in the monitoring of its quality. Such information is considered confidential and will be available to other individuals only with the patient=s written authorization or that of his/her legally authorized representative.

Employees and Volunteers of Baptist Health Care are responsible for maintaining the confidentiality of patient information. Unauthorized release of patient information (deliberate or accidental) is considered unethical and contrary to the values and mission of Baptist Health Care.

In addition, information about Baptist Health Care business, including information about co-workers, is to be treated as confidential.

Confidentiality of computerized information is protected by the use of unique passwords. These passwords are the responsibility of the user assigned to them and will not be shared. Computer systems will not be used to access information that the user does not have a need to know as part of the performance of his/her job responsibilities.

Failure to comply with Baptist Health Care policies and procedures regarding confidentiality could lead to disciplinary action up to and including discharge.

I have read and understand the above information.

Signature _____ Date _____

VOLUNTEER CONTACT INFORMATION

DATE _____

Please Print:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ **CELL PHONE** _____

IN CASE OF EMERGENCY

NAME _____ **RELATION** _____

ADDRESS _____

TELEPHONE _____ **WORK** _____

NEXT OF KIN NOT LIVING IN YOUR HOUSEHOLD:

NAME _____ **RELATION** _____

ADDRESS _____

TELEPHONE _____ **WORK** _____

FRIEND WHO WOULD KNOW WHERE YOU ARE:

NAME _____ **RELATION** _____

ADDRESS _____

TELEPHONE _____ **WORK** _____

NEIGHBOR WHO WOULD KNOW WHERE YOUR ARE

NAME _____ **RELATION** _____

ADDRESS _____

TELEPHONE _____ **WORK** _____

Please send completed application to [kathy.larsen@bhcpns.org]

Contact Kathy Larsen at 850.434.4936 with questions/concerns