



Sparks
Volunteer Services

FOR HUMAN RESOURCES USE ONLY
ASSIGNMENT _____

Volunteer Application

Applicants must be at least 18 years of age

Personal Information

Print Name _____

Address _____

Male _____ Female _____ Birthdate _____ Social Security # _____

E-mail Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Phone Number _____

Relationship _____ Work Phone _____

Previous Volunteer Experience _____

Contact Person to Verify Previous Experience _____ Phone _____

How did you hear about our program? _____

Day of Week/Time of Day Preferred

Days available (Please circle) MON TUES WED THURS FRI SAT SUN

Morning _____ Afternoon _____ Evenings _____ Hours Desired: _____

Please describe any special needs you may have in regard to the day of the week or time of day you volunteer: _____

Volunteer Assignment Preference: _____

Current Employment (If Applicable)

Current Employer _____ Start Date _____

Address of Employer _____

Previous Employer _____ From _____ To _____

Work Experience or Interest (Check all that apply)

Accounting/Bookkeeping ___ Leadership ___ Foreign Language ___ Arts & Crafts ___

Carpentry ___ Musical ___ Teaching ___ Merchandising ___ Photography ___

Cashiering ___ Nursing ___ Public Relations ___ Computer/Word Processing ___

Clerical/Office ___ Fitness Center ___ Volunteer Chaplain ___ Visiting Clergy ___ Other ___

Signature _____ Date _____

Interviewer _____ Date _____

Placement _____ Orientation Date _____

Health Information

Physician's Name _____ Phone Number _____

Address _____

Health Limitations _____

Allergic to _____

Have you ever had a tuberculosis skin test? **Yes/No** If yes, please provide documentation.

I hereby certify that the above is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to volunteer. I authorize Sparks to make inquiry to my physician regarding the state of my health.

I agree to submit to examinations which may include appropriate immunizations, chest x-rays and/or laboratory tests which may be necessary as part of my volunteer services. I hereby authorize my doctor(s) to furnish Sparks information concerning my health. I also authorize the person(s) making tests or x-ray films to report the results to the hospital.

Signature
(Required) _____ **Date** _____

Believing that Sparks has need of my services as a volunteer, I agree to:

Hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors or associates and I will not seek confidential information in regard to a patient.

My services are donated to Sparks without contemplation of compensation or future employment and are given with humanitarian or charitable reasons.

Signature
(Required) _____ **Date** _____

To help establish my eligibility to volunteer, I hereby authorize Sparks Regional Medical Center, its subsidiaries and affiliates to conduct a background check and to request and receive appropriate report(s) which may include information as to my character, general reputation, personal characteristics and mode of living and credit. The request of an applicant's social security number is to verify identity, employment history and eligibility under immigration laws.

I authorize any former employer, or medical provider to release information and documentation which is deemed relevant to my application to volunteer.

I understand that any offer to volunteer is conditioned on the satisfactory completion of all relevant aspects of my background check.

If accepted as a volunteer, I agree to observe any and all policies, practices, and rules of the organization, which may be amended from time to time. Violation of any such policy, practice or rule may subject me to disciplinary sanctions including dismissal.

If accepted, I hereby consent to any required security investigation. Refusal to cooperate with or submit to any lawful security investigation may be grounds for dismissal.

I understand that any volunteer relationship with the organization, its subsidiaries or affiliates is an at-will relationship, meaning that the relationship can be terminated at any time for any reason by either myself or the organization, as stated in the Sparks Bylaws and policies.

I certify that the information provided in this application is correct to the best of my knowledge. I understand that if any statements made by me, either in this application or otherwise, are found to be false or misleading in any way, either because of the nature of the statements themselves or because of omitted information which makes any such statements false or misleading, my application may be excluded from further consideration or, if accepted, I may be subject to dismissal.

APPLICANT'S SIGNATURE _____

DATE _____

It is the policy of Sparks Regional Medical Center, its subsidiaries and affiliates, that equal employment opportunity be available to all without regard to race, color, religion, national origin, sex, age, disability or marital status.

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Global HR Research, 24201 Walden Center Dr, Ste 206, Bonita Springs, FL 34134, Office: (239) 274-0048, Toll Free: 1-800-790-1205 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting Global HR Research directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Global HR Research, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

DATE

PRINT NAME

SIGNATURE OF EMPLOYEE OR PROSPECTIVE EMPLOYEE

SOCIAL SECURITY NUMBER

Date of Birth (For Background Purposes Only)

Drivers License Number

State

Current Address:

Previous Addresses (Last 7 years):

Any other names I have been known by (including maiden name):

Para información en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D. C. 20580.

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 888-5-OPT-OUT (888-567-8688) or www.optoutprescreen.com.

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

**Social Security Administration
Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:

I am conducting the following business transaction:

[Identify a specific purpose. Example-seeking a mortgage from the Company- "identity verification" or "identity proof or confirmation" is not acceptable.]

with the following company ("the Company"):

Company Name: SPARKS HEALTH SYSTEM

Company Address: 1001 TOWSON AVE FORT SMITH, AR 72901

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Name: GLOBAL HR RESEARCH

Address: 24201 WALDEN CENTER DR. STE 206 BONITA SPRINGS, FL 34134

I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature _____ Date Signed _____

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.***

TEAR OFF

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit www.ssa.gov/bsv/cbsvInstructions.html.