

Volunteering at Mercy General Hospital

We would like to thank you for your interest in volunteering at Mercy General. The information below explains our process for getting started as a volunteer, and can take 4-5 weeks to complete. Please read the following information carefully while deciding if Mercy General is the right place for you to volunteer. If you have any questions please contact the volunteer department at 916.453.4559 or Ajeshni.lata@chw.edu

Application – Need to complete and submit the correct application to the volunteer department. Applications are specific to age, if you are over 18 please complete the Adult Application, if you are 17 and under then complete the Junior Application. Applications are available at the information desk, outside the volunteer office, may be requested by email or phone and also available at mercygeneral.org on the volunteer page.

Interview or Letter – Once your application is received in the volunteer office it is reviewed and a decision is made as to whether to contact you for an interview or send you a letter letting you know why we are unable to accept your application at this time. At the time of the interview we like to discuss your interests, skills, abilities, and availability. We will attempt to place you in an area that is comfortable and interesting to you and also meet the needs of the hospital. We will invite you to attend an orientation if you have been accepted into the program. If you are 18+ you will be asked to complete a background check prior to you attending the orientation.

Orientation – Orientation provides information about the hospital and the volunteer role. Privacy laws, safety codes, volunteer benefits, volunteer resources, dress code and service agreement are all discussed. Orientation is conducted once a month on the second Tuesday of each month from 3:00pm-6:00pm. At the orientation session you will also be given a TB (Tuberculin) Test and have a blood draw to test for immunity to Rubella, Mumps and Chicken Pox at the Mercy General Employee Health.

Health Clearance – Two days after orientation you will need to return to Employee Health to have your TB test read by a staff member. At that time the staff person will let you know what else you need to complete in order to receive your health clearance. We do require two TB tests and testing for immunity for Rubella, Rubella, Mumps and Chicken Pox. All of the lab work and TB test are free through the hospital's employee health center. If you need immunizations, you will need to cover the costs yourself.

Get Started Meeting – After you have received your health clearance, you will need to contact the volunteer office to schedule your "get started" meeting. At this meeting we will finalize your service location and schedule, give you a clearance form to get your picture ID Badge from Human Resources, explain signing in and out on our computer, give you a tour of the hospital and show you the area where you will be assigned, answer questions you may have and schedule your first day to start volunteering.

Name Badge – After your "get started" meeting with the volunteer department, you will need to take your clearance form to Human Resources and have your picture taken for your ID Badge. This takes about 10 minutes and you will receive your badge immediately.

Assignments – Every attempt is made to match the needs and interests of both the volunteer and the hospital. Volunteers are expected to volunteer a minimum of 3 hours each week for at least 6 months on a regular schedule. Your service area will be counting on you, call if sick and unable to come in.

Training – Training for individual positions is provided within the department where the volunteer is assigned and given by a staff member or experienced volunteer.

ADULT VOLUNTEER SERVICE APPLICATION

Mercy General Hospital
Volunteer Department
4001 J Street, Sacramento, CA 95819
916-453-4559

Last Name

First Name

Date

Address

City

State

Zip

Birth date: Month/Day/Year

Home Phone

Cell Phone

Email

If presently employed, name the firm: _____

Position: _____ Work hours & days: _____

Completed Education: _____

Any health limitations related to volunteer duty: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Previous volunteer experience: _____

Indicate the reason you are seeking a volunteer position (check all that apply)

Interest in the medical field Interest in Mercy General as a future career option

Family/Friends volunteer Extra Time

Requirement for class Service hours to graduate. How many? ___ By when? ___

Have you volunteered for Mercy before? Yes ___ No ___ If yes, when? _____

What was your reason for leaving? _____

Area of Interest and /or comments. _____

Time Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References:

Please list two individuals you have known for at least two (2) years that have a definite knowledge of your character and qualifications. These references should not be related to you.

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted for violation of any federal, state, country or municipal law, regulation or ordinance? (Do not include or traffic violations.) No ___ Yes ___

If yes, date of conviction or plea ___/___/___ State or country _____

Describe circumstances _____

The above information is accurate and correct to the best of my knowledge.

I understand that this application remains current for only ninety days. If you have not followed through with interview, orientation, and health screenings you will have to reapply.

Signature: _____ Date: _____

Your signature indicates your approval for us to check references and run a background check. The volunteer service department is not obligated to provide placement, nor are you obligated to accept the position offered. The Volunteer Department of Mercy General Hospital does not discriminate because of age, race, national origin, gender or sexual preference.

Interviewer: _____

Area of Assignment: _____

Date: _____

**CHW'S CONFIDENTIAL CONSUMER REPORT
AUTHORIZED ACCESS AGREEMENT**

I hereby accept the designation of my employer authorizing me to order and receive confidential investigative consumer reports from a consumer reporting agency.

I hereby agree that I shall only request investigative reports about applicants for volunteer positions, employment with, or current employees of **CHW**, to be used for ordinary and necessary employment related purposes. I further agree that I will not obtain consumer reports on behalf of **CHW** about myself, my associates, or any other person.

I understand and agree that in conformance with the policies of **CHW**, I shall maintain the confidentiality of employment investigative reports and all related information, restricting access to persons authorized by **CHW**.

I understand the federal Fair Credit Reporting Act ("FCRA") and state law provides that anyone who knowingly and willfully obtains information on an individual from a consumer reporting agency under false pretenses is violating the FCRA and that intentional violation of the FCRA would subject me to penalties; and I understand that intentional violation of **CHW's** policies and procedures regarding background screenings would lead to discipline up to and including termination.

EMPLOYEE/VOLUNTEER:

Name _____ Social Security _____ - _____ - _____

Signature: _____ Birth Date: _____ (mm/dd/yyyy)

U.S. Residency Date: _____ (mm/dd/yyyy)

Address: _____

City, State, Zip: _____

Telephone with Area Code: _____

AUTHORIZED BY:

Name _____ *[VP of Human Resources]*

Signature: _____ Date: _____

DISCLOSURE AND AUTHORIZATION FORM

Catholic Healthcare West may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

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

California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Date of Birth : _____ Social Security : _____ - _____ - _____

Applicant Signature _____ Date _____

MERCY GENERAL HOSPITAL VOLUNTEER AGREEMENT

I AGREE THAT:

- I shall fulfill the requested commitment of six months of volunteering services at Mercy General Hospital.
- I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and may not seek to obtain confidential information from a patient.
- My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian religious or charitable reasons.
- I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies; both on or off of hospital property. I shall report all known occurrences of solicitation for attorneys to the coordinator of Volunteer Services.
- I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the expressed authorization of the Coordinator of Volunteer Services.
- I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consider action of others, and endeavor to make my work professional quality.
- I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and if unsuccessful, with the Coordinator of Volunteer Services.
- I shall make the best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
- I shall, at all times, uphold the Mission and Philosophy standards of the hospital.
- I understand that Mercy General Hospital reserves the right to terminate my volunteer status as a result of (a) a failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of my supervisor or the Coordinator of Volunteer Services, would make my continued service as a volunteer contrary to the best interests of the hospital.

I HAVE READ EACH OF THE ABOVE CONDITIONS AND I AGREE TO BE BOUND BY THEM.

Volunteer Signature

Date