



THE AUXILIARY OF BOULDER CITY HOSPITAL



ADULT MEMBERSHIP VOLUNTEER APPLICATION

NOTE: Individuals with felony and/or misdemeanor offenses with the State are not acceptable Hospital volunteers.

PLEASE PRINT CLEARLY

Date: _____

Name: _____ Mr. Mrs. Ms. Dr.
Last First Middle (circle one)

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____
(include area code) (include area code)

Email Address: _____ Birth Date: _____
(mm/dd/yr)

List Volunteer Experience: _____

Volunteer Preferences: ___ With Patients ___ With Visitors ___ With Volunteers ___ Independent

Areas of Interest: ___ Administrative ___ Fundraising Events ___ Gift Shop ___ Newsletter
___ Long Term Care [LTC] Field Trips ___ LTC Patient Support ___ Special Projects ___ Welcome

Availability: (circle) Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours Available: _____ Skills: _____

Are you employed? ___ Yes ___ No ___ Retired Employment experience: _____

How did you hear about the Auxiliary? _____

Do you know a current volunteer? _____ Referred by: _____

Local Reference: _____
Name Phone Number

Local Reference: _____
Name Phone Number

Have you ever been convicted of a felony? ___ Yes ___ No If yes, describe: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

I agree, as an adult 18 years or older, to submit to the required background check.

Applicant Signature: _____ Date: _____

over

Boulder City Hospital Auxiliary Volunteers

What is the application process?

Applicant completes the Boulder City Hospital Auxiliary Adult Volunteer Membership Application and Disclosure and Authorization Form, signs and submits the forms to the hospital gift shop or hospital reception. Once a positive background check is completed (up to two weeks), applicant will be contacted by phone and an interview/preliminary orientation will be scheduled. At that orientation, a hospital tour will be given, the two-step tuberculosis process will begin, \$10.00 annual dues will be collected, badge photo taken, and area of volunteer work will be discussed.

IF ACCEPTED AS A HOSPITAL AUXILIARY VOLUNTEER, I AGREE THAT:

- I shall hold as absolutely confidential, all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and will not seek to obtain confidential information.
- My services are donated to the hospital auxiliary without contemplation of compensation or future employment, and are given with humanitarian, charitable reasons.
- I shall submit to an annual tuberculin skin test and any other health examination which may be required as part of my volunteer service.
- I understand that it is necessary that I take safety and educational classes as required and provided.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and with consideration of others and always endeavor to make my work professional in quality.
- I shall make my best effort to fulfill my commitment to the hospital and auxiliary by completing all assignments that I accept.
- I shall, at all times, uphold the philosophy and standard of the Boulder City Hospital.
- I understand that the Auxiliary Volunteer Services and Hospital Human Resources Department reserve the right to terminate my volunteer status as a result of (a) failure to comply with hospital or auxiliary policies, rules or regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work appearance or interface with patients, staff, customers or other volunteers; (d) any other circumstances which, in the judgment of the department director, would make my continued services as a volunteer, contrary to the best interests of the Boulder City Hospital.

I have read the above and I agree to uphold all the above conditions, as well as all the Boulder City Hospital policies and procedures.

Volunteer Signature

Date

To be completed by BCH Auxiliary and BCH Human Resources Department

Application Received by: _____ Date: _____

Application to Aux Mail Box by: _____ Date: _____

Transferred by Aux Pres/VP to HR for background check: Initials _____ Date: _____

Background Check Conducted by: _____ Date: _____

Aux Pres Contacted with results & application returned by: Initials _____ Date: _____

Aux Pres makes phone contact, provides input to Membership: Initials _____ Date: _____

Membership/Orientation Chair conducts orientation. Initials _____ Date: _____

TB Test (2-step) Date Started: _____ Dues Received by: Initials _____ Date: _____

BOULDER CITY HOSPITAL, INC.

DISCLOSURE AND AUTHORIZATION FORM

Boulder City Hospital, Inc. 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 **Boulder City Hospital, Inc.**, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for **Boulder City Hospital, Inc.** HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983. 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 **Boulder City Hospital, Inc., 901 Adams Blvd., Boulder City, NV 89005, (702) 293-4111**. 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 **Boulder City Hospital, Inc.**, 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 Boulder City Hospital, Inc. hires me, my consent will apply, and **Boulder City Hospital, Inc.** 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 Boulder City Hospital, Inc..

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:
SS#:		Date of Birth:	
Address:			
City	State	Zip	
Phone/Cell#:		Email:	
Driver's License #:			
Applicant Signature			Date:

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.