

Received _____

Volunteer Application

Please answer all questions – Type or Print Clearly.

| Personal Information | | |
|---|---------------------------------|--|
| Please Check: <input type="checkbox"/> Adult <input type="checkbox"/> College <input type="checkbox"/> High School (min. age 16) <input type="checkbox"/> Affiliate (special events only) | | |
| Name _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Street Address _____ | | |
| City _____ | State _____ | Zip Code _____ |
| Date of Birth _____ | Email Address _____ | |
| Phone Numbers (Check preferred contact number) | | |
| <input type="checkbox"/> Home # | <input type="checkbox"/> Cell # | <input type="checkbox"/> Work # |
| Are you a U.S. Citizen or otherwise authorized to volunteer in the U.S.? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a crime, other than a minor traffic violation.? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain _____ | | |
| (Court-ordered Community Service is not compatible with volunteering at Ascension) | | |

| Emergency Contact Information – Required | | |
|---|--------------------|------------------|
| Name _____ | Relationship _____ | |
| Home phone _____ | Cell phone _____ | Work Phone _____ |

| Volunteer Objectives |
|--|
| <i>Briefly describe your reason(s) for volunteering.</i> |
| |
| |
| |
| |

| Occupation | |
|--|--------------------------------|
| <input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Other – Please state | |
| Education (Past and current) | |
| Grade Level Completed _____ | Degree(s) _____ Major(s) _____ |
| If currently a student, name of school _____ | |
| Anticipated year of Graduation _____ | |
| TEENS ONLY: Current or most recent grade _____ | GPA _____ |

| Volunteer Experience | |
|--------------------------------|----|
| 1) Organization | |
| Date(s) of volunteering – From | To |
| Position | |
| 2) Organization | |
| Date(s) of volunteering – From | To |
| Position | |

| Recent Employment (List two) | |
|-------------------------------------|----------|
| 1) Employer | Position |
| Date(s) of employment – From | To |
| 2) Employer | Position |
| Date(s) of employment – From | To |

| Availability | | | | | | | |
|--|--------|--------|---------|-----------|----------|--------|----------|
| Please check the day(s) and shift(s) you would be available if your application is accepted. | | | | | | | |
| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

| Assignment Preference(s) | |
|--|--|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Spiritual Care |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Patient Care |
| <input type="checkbox"/> Gift Shop/Gift Cart | <input type="checkbox"/> Patient Visiting |
| <input type="checkbox"/> Pet Therapy | <input type="checkbox"/> Information Desk |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Surgical Lounge | <input type="checkbox"/> Other (what?) _____ |
| <input type="checkbox"/> Special events/projects | |

Please read the following carefully and sign and date where indicated below:
 I have read all the questions and certify that the information I have given in this application is correct to the best of my knowledge. I understand that any false statements or omissions may be grounds for dismissal. I further understand that my volunteering is contingent upon the satisfactory completion of a Tuberculosis Skin Test, satisfactory reference and criminal background checks. I hereby authorize and request that you make available to any duly authorized representative of Ascension any information relevant to employment history, criminal history, personal character, and background. I hereby waive any right I may have with regard to release of this information to Ascension.

Signature of Applicant _____ **Date** _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Ascension ("the Company") may obtain information about you from a third party 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 contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature

Date

Parent/Guardian Signature (If under the age of 18)

Date

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE 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" by Ascension ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. 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 Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: 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.

Minnesota and Oklahoma applicants 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: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have 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 you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Full Legal Name (Printed)

Applicant Signature

Date of Birth

Social Security Number

Current Address

City, State and Zip Code

Driver License State / Number

Parent / Guardian Signature (If under the age of 18)



PHOTO AND MEDIA RELEASE

Name of Individual being Photographed/Filmed/Recorded (please print): _____

Name of Representative if signing on behalf of Individual above: _____

Email/Phone: _____

Address: _____

City/State/Zip: _____

1. I, on my own behalf or as a representative legally authorized to act on behalf of the individual listed above, hereby consent to Ascension and its hospitals, affiliates, subsidiaries employees ("Ascension") or a third party under the direction of Ascension interviewing, recording, photographing, videotaping or filming me and/or my property.

2. I, on my own behalf or as a representative legally authorized to act on behalf of the individual listed above, hereby consent to Ascension using images and recordings taken by a non-affiliated Ascension entity, such as local news media, and provided to Ascension for its use which relate to: care I or my family or friends have received at an Ascension facility, my participation in an Ascension-sponsored activity, and/or my work as an associate or provider with Ascension.

3. I understand that the purpose of the use or release of the images/recordings will be for education, marketing or public relations purposes and may be made public through education, marketing and public relations efforts for commercial or noncommercial publications, exhibits, and/or on the intranet and internet.

4. I understand and agree that any photographic or video image, media interview, or written quotations or summary from the media interview may be used, published, produced and released in any media form, including, but not limited to, internet, newspaper, television, radio and/or marketing materials, in whole or in part, with such alterations and changes as Ascension desires, and that the images or interview may appear separately or with my name as included in this Authorization.

5. I understand that this consent is for the use of my image, name, and information that I provide when photographed, videotaped, filmed, or recorded. I understand that if an Ascension representative intends to disclose additional information about my medical care related to the use or release of the images and/or recordings, I will be asked to sign a separate HIPAA authorization.

6. I agree that all pictures, reproductions, negatives, recordings of any kind relating to the images, and materials relating to images and/or records are and shall remain, the property of Ascension and its agents to whom permission has been granted. If I receive any print negative, recording or other copy, I will not authorize anyone else to use it.

7. I agree that no advertisement, photograph or other material need be submitted to me for approval, and Ascension shall be without liability to me for any distortion or illusionary effect resulting from the publication of my video, picture, portrait, likeness, or comments.

8. I understand that signing this Authorization does not obligate Ascension to make use of any photographic or video images or media interviews.

9. I understand that this Authorization can be revoked by me at any time by submitting a written request to Ascension Marketing & Communications, 4600 Edmundson Road, St. Louis, MO 63134.

10. I understand that my revocation will not apply in those instances in which Ascension has acted upon this Authorization prior to the revocation being received by Ascension.

11. I hereby release and discharge Ascension from any and all claims, actions, and demands arising out of or in connection with the use of any photographic or video images or media interviews without limitation.

12. This Authorization will expire on _____. If no specific date is indicated, this Authorization will expire in ten (10) years.

If I am a patient, I understand that Ascension cannot require me to sign this Authorization as a condition of providing treatment to me or my minor child or obtaining payment for treatment.

If I am an Ascension associate, I understand that my signing this Authorization is voluntary, not a requirement of my employment at Ascension, and that I will not face any repercussions on my employment status if I so choose not to sign this Authorization.

Date: _____

Signature of Individual being Photographed/Filmed/Recorded _____

Signature of Authorized Representative if signing on behalf of Individual _____

Relationship to Individual _____

A copy of this Authorization must be presented to the person signing the

Authorization. Ascension Market: _____

Project Name (if known): _____

VOLUNTEER CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGMENT OF WAIVER OF LIABILITY

Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that:

- (1) the protected health information and other confidential records and data (collectively, "Confidential Information") which I may see or hear or otherwise gain knowledge of in the course of my volunteer activities ("Volunteer Activities") with Ascension Michigan or one of its affiliates ("Ascension") is to be kept confidential, private, and secure;
- (2) maintaining confidentiality, privacy, and security of Confidential Information is a condition of my participation in the Volunteer Activities;
- (3) such Confidential Information shall not be used or disclosed to anyone at any time, now or in the future, unless specifically authorized by Ascension; and
- (4) my unauthorized use or disclosure of Confidential Information is possible grounds for: immediate removal from the premises; revocation of all future opportunities to participate in volunteer or similar activities; legal action; and/or a duty to mitigate damages.

Acknowledgement of Waiver of Liability

I further acknowledge, by my signature below, that I:

- (1) waive any and all claims, including any negligence claims which I might have against Ascension or its trustees, officers, agents, representatives (the "Ascension Representatives"), in any way arising from or relating to my Volunteer Activities, except for claims arising out of the gross negligence, recklessness, or willful misconduct of Ascension or the Ascension Representatives;
- (2) agree that I will not sue Ascension or the Ascension Representatives, and I will release Ascension and the Ascension Representatives from any claims I may have against each except for in instances of gross negligence, recklessness, or willful misconduct on the part of Ascension or the Ascension Representatives;
- (3) agree that I will indemnify and hold Ascension or the Ascension Representatives harmless against any and all claims or liabilities, including any negligence claims, for damages that I cause to patients and/or Ascension and the Ascension Representatives in any way arising from or relating to the Volunteer Activities; and
- (4) agree to release Ascension and the Ascension Representatives from any liability for the loss of or damage to my personal property while on Ascension property.

Signature Date

Printed Name

PARENT/GUARDIAN (If individual is a minor): I hereby agree to the above terms on behalf of the above-named individual.

Signature Date

Printed Name Program



**PARENTAL CONSENT FORM
TEEN VOLUNTEER PROGRAM**

TO: Volunteer Services Department
Ascension Providence
47601 Grand River Ave.
Novi, MI 48374

Volunteer Services Department
Ascension Providence
16001 W. Nine Mile Rd.
Southfield, MI 48075

My/our daughter/son _____ has my/our consent to service as a Teen Volunteer at Ascension Providence.

I/we release Ascension Providence and its associates from any and all liability for any damages, injury or illness resulting from my/our son's/daughter's participation in such volunteer activities, which occurs through no fault or negligence on the part of the hospital.

I/we understand that, in the event of an emergency, medical treatment may be provided by the Ascension Providence Emergency Room physician. If I/we cannot be reached by phone and my son/daughter needs non-emergency care, I/we authorize the Ascension Providence Emergency Room physician to provide the appropriate medical treatment to my son/daughter. This authorization shall be valid while my/our son/daughter is performing volunteer services at Ascension Providence.

THIS MUST BE SIGNED BY PARENT/LEGAL GUARDIAN

| | |
|---|--|
| Date | |
| Signature of Parent(s) or Legal Guardian(s) | |
| Address | |
| City, State Zip Code | |
| Cell Phone Number | |
| Alternative Phone Number | |