

COLQUITT REGIONAL VOLUNTEER SERVICES

Greetings!

Thank you so much for being so interested in volunteering with Colquitt Regional. We appreciate the people from the community who are willing to make a difference in our patients' lives. However, you are not just volunteering; you are joining an elite membership of Volunteers with this decision. As a member of our auxiliary, you can meet new people, make lasting friendships, and feel great about making a valuable contribution to Colquitt Regional Medical Center's mission.

We view our volunteer program as a long-term commitment and seek individuals who will serve for years to come. Volunteers must agree to serve 50 hours per year in a service area and attend a minimum of three membership meetings per year. Most volunteers serve a five-hour shift once a week.

How to become a volunteer:

1. You must show proof of COVID-19 vaccination.
2. Complete and return this application, along with a \$15 application fee (check made payable to Volunteer Services) and three reference letters to Colquitt Regional Volunteer Services located on the hospital's first floor.
3. This application fee aids in onboarding costs and uniform costs with our organization.
4. To volunteer, you must pay annual membership dues of \$12 each September.
5. Once we have received your application, someone with Volunteer Services will contact you to schedule an interview and discuss service opportunities available.
6. Next, you will meet with our Employee Health Nurse to undergo a background check, drug screening, COVID test, and a two-step tuberculosis test.
7. Finally, you will complete an online orientation session and receive your volunteer badge!

Volunteer Benefits:

Because volunteers are vital to us, Colquitt Regional says "thank you" in many ways, including:

- Logo'd uniform smock, vest, or polo top.
- One free meal on the days you volunteer.
- Gift Shop discount exclusive to volunteers.
- Ladies receive a free baseline mammogram and DEXA screening each year.
- Men receive a free PSA screening each year.
- Volunteers receive employee pricing at the hospital pharmacy and hospital.
- Volunteers are invited to an annual Spring awards banquet and a Christmas party and are honored with a gift at each event.

We look forward to receiving your completed application. Should you have any questions, please feel free to contact our Volunteer Services department at 229-891-9181.

Nicole L. Stringer
Director of Volunteer Services
ngilbert@colquittregional.com

COLQUITT REGIONAL VOLUNTEER SERVICES

Application for Volunteer Membership

Name: _____ Date: _____

Spouse's name: _____ Home Telephone: _____

Cell Phone: _____ Email address: _____

Home Address: _____ City/St/Zip: _____

In case of emergency, notify (name & telephone number) _____

Church affiliation: _____ Family physician: _____

Birth date: _____ Date of last medical exam: _____

How did you hear about our volunteer program and why does volunteer work interest you? _____

What do you hope to gain from your volunteer service? _____

Do you have special skills or training in your background? Please list. _____

Do you have any special mental or physical limitations that should be considered in your placement (wheelchair accessibility, assistive listening devices, etc.)? _____

Have you ever been employed by Colquitt Regional? _____

Polo Size: _____ Jacket size: _____

Preferred departments: _____

Preferred workdays: _____ Preferred hours: _____

Along with this application, please provide:

1. Three (3) personal letters of references (non-family members please).
2. \$15 non-refundable application fee
3. Copy of your COVID-19 vaccination card
4. Signed Background information forms
5. Signed COVID-19 acknowledgement form

Please return to Colquitt Regional Volunteer Services, P.O. Box 40, Moultrie GA 31776

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Acknowledgement of Potential COVID-19 Exposure

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is a new respiratory virus that has the potential to cause severe illness and pneumonia in some people. It was identified in 2019 and is contagious and is believed to spread mainly from person-to-person contact. Symptoms include fever, cough, sore throat, shortness of breath or other flu-like symptoms.

By signing this agreement, I, _____, acknowledge I have read and agree to the following:

- I understand that being in a healthcare environment may increase my risk of exposure to COVID-19 and other illnesses.
- I understand Colquitt Regional cannot guarantee that I will not be exposed to COVID-19 or other illnesses but has initiated preventative measures to reduce and minimize potential exposures.
- I understand that I must comply with all hospital rules and regulations regarding personal protective equipment set forth by Colquitt Regional in accordance with the CDC and Georgia Department of Public Health.
- I understand that I may reduce my own risk of COVID-19 by wearing a mask, washing my hands regularly, and keeping a social distance from others.
- I understand that under Georgia law, there is no liability for an injury or death of any individual entering the premises of Colquitt Regional. If such injury or death results from the inherent risks of COVID-19, I agree to hold harmless Colquitt Regional Medical Center, and the Hospital Authority of Colquitt County, their agents, officers, and employees and to not hold them responsible or liable for any harm or injury, from any cause, relating to my service in a healthcare environment.

PRINT NAME

SIGNATURE

DATE



Criminal Background Authorization

I, the undersigned, hereby authorize Colquitt Regional Medical Center to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

Please read and acknowledge by initialing items below.

- _____ Failure to list all information on criminal charges, pending charges, and/or convictions will result in the employment offer being withdrawn or separation from employment.
- _____ Pleas of *nolo contendere* or nolle processed **must be listed**.
- _____ Charges processed under Georgia's First Offender Act are not required to be listed IF all requirements have been met. (e.g. fines paid, community service, probation, etc. have been completed).
- _____ If unsure of the status, please discuss with the hiring official or Human Resource/Personnel Office *prior* to signing this form.
- _____ **NOTE: DUI's cannot be processed under Georgia's First Offender Act, and all DUI convictions, *nolo* pleas or pending charges must be listed.**

As stated on my application for employment, I am stating one of the following.

_____ I have been convicted of a violation of any federal, state, county, or municipal law, other than minor traffic violations. Please list below:

_____ I have not been convicted of a violation of any federal, state, county, or municipal law, other than minor traffic violations.

Also, Please check one:

_____ I have never been shown by credible evidence (e.g. court of jury, a department investigation, or other reliable evidence) to have abused, neglected, or sexually assaulted, or exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral written statement to this effect obtained at the time of my application.

_____ I have been shown by credible evidence (e.g. court of jury, a department investigation, or other reliable evidence) to have abused, neglected, or sexually assaulted, or exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral written statement to this effect obtained at the time of my application.

Applicant Signature

Date

DISCLOSURE REGARDING “INVESTIGATIVE CONSUMER REPORT” BACKGROUND INVESTIGATION

Colquitt Regional Medical Center, to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **MBI Worldwide, 101 N. Park Ave., Suite 200, Herrin, IL 62948; Toll-free: 866-275-4624; www.mbiworldwide.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Colquitt Regional Medical Center 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” which may include information about your character, general reputation, personal characteristics, and/or mode of living. 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, drug screenings 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 to request a copy of your report. These searches will be conducted by **MBI Worldwide, 101 N. Park Ave., Suite 200, Herrin, IL, 62948; Toll-free 866-275-4624; www.mbiworldwide.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: _____

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 **Colquitt Regional Medical Center** 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 **MBI Worldwide, 101 N. Park Ave., Suite 200, Herrin, IL 62948; Toll-free 866-275-4624; www.mbiworldwide.com** and/or **Colquitt Regional Medical Center**. 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

New York City applicants only: You acknowledge and authorize the **Colquitt Regional Medical Center** to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.

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. ☐

Signature: _____ Date: _____

BACKGROUND INFORMATION

Please print/type the requested information. Lack of legible or missing information may delay processing of this request.

Applicant Name: _____
Last First Middle

Other legal names known by (limit to 7years): _____

Present Address: _____
Street City State Zip County

Date of Birth*: ____/____/____ Driver's License # _____ State _____
(MM/DD/YYYY)

SS#: _____ Male / Female (Circle One) Race _____

Home Addresses for the Past 7 Years: (List additional addresses on separate page, if needed.)

Street Address	City	State/Zip	County	Dates	Mo/Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Applicant Phone Number: _____
(Area Code) + Telephone Number

Applicant Email Address: _____
Please Print Clearly

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ MBI Worldwide, Inc. _____ to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**** ALL FIELDS ARE REQUIRED**

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID			
<div>_____</div> <div>LASTFIRSTMIDDLE</div>			
ADDRESS			
STREET			
CITY, STATE ZIP			
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

- ☐ This authorization is valid for _____ days from the date of signature.
- ☐ I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature _____

Date _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

☐ ORI STAMP REQUESTED