

Houston Northwest Auxiliary Volunteer Program

Application and Consent Packet

Included in this packet is an application, consent forms, a confidentiality statement and a background check disclosure and authorization form. This packet is to be completed and returned to Hughetta Leavell, using the address provided.

Houston Northwest Medical Center
Volunteer Program
Hughetta Leavell
Volunteer Coordinator
710 Cypress Creek Parkway
Houston, TX 77090
hughetta.leavell@hcahealthcare.com



Hughetta Leavell, Volunteer Coordinator
Houston Northwest Medical Center Auxiliary Volunteer Application &
Consent Packet



For Office Use Only

B/C Cleared:
Interview Date:
Health Clearance Date:
Orientation Date:
Assignment:



APPLICATION AUXILIARY VOLUNTEER

Houston Northwest Medical Center, Auxiliary Volunteer Program, Hughetta Leavell, Volunteer Coordinator, 710 Cypress Creek Parkway, Houston, TX 77090

Today's Date: _____

Name: _____

Address: _____
Street Name City/State Zip Code

DOB: _____ SSN: _____

E-Mail Address: _____ Phone Number: _____

Emergency Contact Person: _____
Name Address Phone # Relationship

Are you presently employed? _____ If yes, name of organization: _____ Full Time Part Time

Why are you interested in volunteer work?

Please list any special skills, languages you speak, etc.

Do you have a preference for a particular type of work? _____

Patient Contact Non-Patient Contact

When are you available?

Monday AM/PM Tuesday AM/PM Wednesday AM/PM Thursday AM/PM
Friday AM/PM Saturday AM/PM Sunday AM/PM

How much time (in hours) are you willing to commit? per day _____ per week _____ per month _____

Can you furnish transportation for yourself? Yes _____ No _____
Have you ever been indicted for a felony? Yes _____ No _____
Have you ever been indicted for a misdemeanor? Yes _____ No _____
Have you ever been convicted for a felony? Yes _____ No _____
Have you ever been convicted for a misdemeanor? Yes _____ No _____

Please list any physical limitations:

Please list two references, other than a relative.

1. Name _____
2. Name _____

Phone Number _____
Phone Number _____

I understand that after Hospital Orientation I will be on a 90-day probationary period. I further understand that the volunteer Services Department reserves the right to terminate a volunteer at any time for:

- Failure to comply with hospital policies, rules and regulations
- Continuous absences without prior notification
- Un-satisfactory attitude, work or appearance
- Breach of confidentiality
- Falsification of time records

Signature of Volunteer

Date

Interviewed By

Date

Houston Northwest Medical Center is an equal opportunity employer. Our policies prohibit discrimination because of race, religion, national origin, sex and handicap. All inquiries are made in good faith for nondiscriminatory purposes.

Houston Northwest Auxiliary Volunteer Program

DISCLAIMER AND SIGNATURE

I understand that after Hospital Orientation, I will be on a 90 day probationary period. I further understand that the Volunteer Services Department reserves a right to terminate a volunteer at any time for:

- Failure to comply with hospital policies, rules and regulations.
- Continuous absences without prior notification
- Unsatisfactory attitude, work or appearance
- Breach of confidentiality
- Falsification of time records

Signature of Volunteer

Date

Interviewer Name

Date

Interviewer Signature

Date

Houston Northwest Auxiliary Volunteer Program

HOUSTON NORTHWEST MEDICAL CENTER
Auxiliary Volunteer Services
Consent to medical treatment
Consent to TB Skin Test

I understand that Houston Northwest Medical Center is not to be held responsible in the case of an accident. I understand that I must abide by the rules and regulations of the Auxiliary Volunteer Program and Houston Northwest Medical Center to maintain membership in the Volunteer Program and that failure to do so will result in termination from the program.

I further give permission to receive medical treatment in case of an emergency if I am unable in the event of an accident.

Signed _____
Applicant Date

I also consent to skin testing for tuberculosis and any other required vaccinations, inoculations, or health screening unless otherwise instructed by a physician and/or required declination forms (if this option is available) are completed.

Signed _____
Applicant Date

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Houston Northwest Medical Center Confidentiality Statement for Volunteer Services Program

I understand that it is my responsibility as a volunteer of Houston Northwest Medical Center to respect the rule of confidentiality. Under no circumstances is any/all patient information (treatment or otherwise) to be discussed with non-clinical personnel. Any discussion of a patient and/or his/her treatment is to be held in a private area so as not to be inadvertently overheard. No person outside of Houston Northwest Medical Center will have access to patient information, including any acknowledgement of the presence of a patient in the hospital.

I understand that any violation of this agreement and breach in patient confidentiality will be grounds for immediate dismissal and termination of my volunteer duties.

Signed _____
Volunteer Signature Date

Houston Northwest Auxiliary Volunteer Program

Para informacion en espanol, 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 identity 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 1-888-5-OPTOUT (1-888-567-8688).

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.

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

Revised 1-8-18

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BACKGROUND & CREDIT CHECK DISCLOSURE AND AUTHORIZATION FORM

Disclosure

This form, which you should read carefully, has been provided to you because a HCA Healthcare facility (the "Company") may request consumer reports on you from a consumer reporting agency. The Company will use any such report(s) solely for employment purposes, including those associated with contractors, students, volunteers, physicians and other performing work for the Company.

Consumer reports on you will be obtained by the Company from PreCheck, Inc. ("PreCheck")

2500 ETC Jester Blvd., #600
Houston, TX 77008
1.888.279.3712

Information about the PreCheck privacy practices is available at www.precheck.com/Privacy-Policy.aspx. Information that may be obtained includes social security number verification, criminal records, public court records, educational records, verification of employment positions held and verification of licensing and certifications. The information contained in these reports may be obtained by PreCheck from private and/or public record sources including sources identified by you in your job application.

A credit history will be procured *only* if the position you are applying for has fiduciary or cash handling responsibility, you would be issued a corporate credit card once employed, or if you will be entering into a relocation agreement.

A driving records check will be procured *only* if the position you are applying for requires a valid license.

With this Disclosure and Authorization form you are also being provided a copy of a "Summary of Your Rights under the Fair Credit Reporting Act" as issued by the Federal Trade Commission.

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Authorization

By signing below you:

- Indicate you have carefully read and understand this Disclosure and Authorization form Consent to the release of consumer reports to the Company in conjunction with your job application
- Understand that if the Company hires you, your consent will apply throughout your employment unless you revoke or cancel your consent in writing by sending a signed letter or statement to the company
- Authorize the disclosure to PreCheck of information concerning your employment history, earning history, education, criminal history, credit history (when pertinent to the position being applied for) and motor vehicle history (when pertinent to the position being applied for).

This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Signature: _____ Date: _____

Print: _____
 First Name Middle Name Last Name

SSN: _____ DOB: _____

Present Address: _____

City/State/Zip: _____

For California Facilities and residents of California, Minnesota and Oklahoma: Please check the appropriate box below.

I would like a copy of the report I waive my right to receive a copy of the report.

If you live or are applying for a job in the state of California, please review this additional notice: You may view the file maintained on you by PreCheck 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 PreCheck'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. PreCheck 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.