



Northern Nevada

M E D I C A L C E N T E R

Honoring Life's Journey

Volunteer Applicant Information

Full Name: _____ : _____
Last First M.I. Birth month and day

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

-

Hobbies/Talent

Hobbies: _____ Languages
spoken: _____

Employment and Volunteer History

Are you employed? _____

If so, your position _____

Employer name: _____ Phone number: _____

If retired, previous type of work? : _____

Have you volunteered before? _____ If yes, list where, when and what position _____

Have you been convicted of any criminal offense? _____ If yes, please indicate the nature of the offense, date,
location, and disposition of case: _____

Preferences

Why do you want to volunteer at Northern Nevada Medical Center? _____

Is there a specific area you wish to volunteer your services? ☐ Clerical ☐ Patient Interaction/Concierge ☐ Greeter

☐ Emergency Room ☐ Chaplaincy ☐ Other ? _____

Do you have any medical or limitations which might affect your ability to perform as a volunteer? _____

If yes, please explain: _____

What days do you prefer to volunteer? ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Sat ☐ Sun

Do you prefer? ☐ Morning ☐ Afternoon

References

List two local references:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Emergency Contact

In case of emergency, who should we contact? :

Name _____ Phone _____

Address _____

Disclaimer and signatures

I hereby certify that the answers on this application and any resultant interview are true and correct and that any misrepresentation or omission of facts, or misleading or false information on my part will be grounds for dismissal as a volunteer. As a volunteer, I will abide by all hospital policies and procedures, and agree to provide a minimum of 100 hours of service. Please return your completed application to:

Northern Nevada Medical Center
Admitting/Volunteer Services Manager
2345 E Prater Way , 1st floor Admissions
Sparks, NV 89434

The Facility's policy shall provide a work environment that is safe, conducive to good job performance, and free from harassment and or discrimination. The Facility prohibits any form of harassment and specifically includes harassment based upon the following legally protected characteristics: race, religion, creed, color, gender, sexual orientation, gender identity or expression, age (as defined by applicable law), national origin, genetic information, ancestry, physical or mental disability, pregnancy (including childbirth and related medical conditions), military status, or any other characteristic protected by applicable federal, state, or local law. Improper interference with the employees' ability to perform the expected duties will not be tolerated.

Signature:

Date: _____



Regulatory Requirements:

- Volunteers must be at least 18 years of age
- Volunteering is contingent on the applicant meeting drug screen and criminal background checks.

Language Skills:

- Able to communicate effectively in English, both verbally and in writing:

Physical Demands:

Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions of the position without compromising patient care.

I have received, read and understand the position description outlined above:

Volunteer Signature: _____ **Date:** _____



HIPAA/CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable Federal law and Northern Nevada Medical Center policy to keep confidential any information regarding Hospital patients, as well as confidential information of Hospital. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and future agrees not to reveal to any third party any confidential information of Hospital, except as required by law or as authorized Hospital.

Signature: _____ Date: _____

UHS - Universal Health Services # 13126

DISCLOSURE

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. ____/____/____ Date of Birth¹ _____
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

UHS - Universal Health Services ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment, contract for services, appointment, volunteering or clinical rotation. 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. 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. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, volunteering, privileges or appointment to the extent permitted by law.

www.PreCheck.com info@precheck.com
ph: 800-999-9861 fax: (800) 207-2778

UHS - Universal Health Services # 13126
AUTHORIZATION

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the 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 UHS - Universal Health Services at any time after receipt of this authorization and throughout the term of my employment, contract or privileges, 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of UHS - Universal Health Services, and/or UHS - Universal Health Services itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes ☐ No ☐

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ Date _____

Name: _____ DOB _____

Last four digits of SSN _____

www.PreCheck.com info@precheck.com
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