

Dear Adult Volunteer Applicant:

Thank you for your interest in volunteering at Marian Regional Medical Center (MRMC) or Arroyo Grande Community Hospital (AGCH). Our volunteer program is for adults and/or students 18 years and older. Please carefully review the enclosed application materials and general information regarding volunteering at Marian or Arroyo Grande Community.

As a volunteer, you will have the opportunity to join a team of people dedicated to high-quality patient care. Employees and volunteers at AGCH and MRMC are committed to providing services to patients in a caring, respectful manner. We honor the individual worth and dignity of each patient and members of their family. Every volunteer and employee at a Dignity Health hospital, whether involved in direct patient care, administrative, or technical services, remains mindful that each of our roles affects patients and their families in direct and vital ways, no matter how remote from patient care these roles may appear.

Volunteering can be an enjoyable experience, but it is also a serious commitment. We require that you volunteer 4 hours a week, for a minimum total of 100 hours. You may choose to work more than one shift per week. We encourage your commitment so we can provide you with a meaningful volunteer experience.

Once you have completed the enclosed application and forms, please return them to the Volunteer Services Office. Your application will be reviewed, and based on the availability of volunteer opportunities; a Volunteer Service representative may call you for an interview.

We look forward to welcoming you to our team of health care professionals, dedicated to improving the quality of life and health of the people we serve.

Sincerely,



Colleen Twomey
Volunteer Services Manager
Dignity Health
Arroyo Grande Community Hospital
Marian Regional Medical Center
Colleen.Twomey@dignityhealth.org
805.739.3520

VOLUNTEER PROGRAM ELIGIBILITY AND REQUIREMENTS

1. Your service hours are donated to Arroyo Grande Community Hospital and Marian Regional Medical Center without contemplation of compensation or future employment and are given for humanitarian or charitable reasons.
2. Volunteer applicants must provide a copy of their immunization record. If you are unable to obtain your immunization record, our Employee Health office will provide a lab order and blood test for you at no cost. Volunteer Services is also requiring all volunteers to submit a copy of their COVID 19 vaccination card. All volunteers must have a TB test and flu shot annually. This is provided by the hospital.
3. Due to the COVID-19 pandemic, volunteers are required to wear a mask, covering their nose and mouth at all times during their shift.
4. A minimum commitment of 100 hours of service is required, with one 3 hour shift per week. We will provide, at your request, a report of your hours for school or any other community service requirement, when you have completed 100 hours or more.
5. Applicants are obligated to notify Volunteer Services if they have been convicted of a criminal offense. Applicants must consent to a background screening which will include criminal history and sexual offender status. We do not obtain FICO or credit scores.
6. Volunteers must have the ability to keep patient information, conversations, and observations confidential, adhering to the HIPAA requirements discussed during the orientation.
7. Volunteers in all areas must be able to communicate in a clear, understandable, and courteous manner. Volunteers must be able to speak, read and write in English. Knowledge of a second language is an asset, but not required.
8. Volunteers work under the direction and supervision of paid staff and do not earn or collect a salary from the hospital or department where they volunteer. Volunteers are not permitted to accept tips or gifts from patients and visitors.
9. Prospective volunteers are required to attend an orientation presented by the Volunteer Services Department.
10. Volunteers are required to wear a uniform. The uniform consists of a purple volunteer polo shirt or smock to be worn with your own white, black or khaki pants. The uniform shirt or smock is provided by the Volunteer Services office for \$20, (cash only please, we do not accept debit or credit cards) Shoes must be closed toe. Tennis shoes or dress shoes are appropriate, (no boots to, or above the knee) . Jeans of any color and shorts are not permitted as part of the uniform. All items of clothing and shoes must be neat and clean.
11. Volunteers are issued a photo identification badge at the beginning of their volunteer service. The badge must be visible at all times during your shift at the hospital. Upon termination of volunteering, we request the badge be returned to the Volunteer Office.

Signature of Applicant

Date



Dignity Health
Marian Regional Medical Center

Volunteer Services Application

For Office Use Only:
Application Rec'd: _____
BG Submitted: _____
By: _____
Completed: _____

PERSONAL INFORMATION

Name	Last	First	Middle	Social Security No. (must include)	
Address	Street & No.	Apt. #	City/Town	State	Zip
Home Telephone No.	Work Telephone No.		Cell Phone No.	Date of Birth:	
Email address:					
Are you 18 years of age or older? YES NO If you are under 18, your parent or guardian's signature is required. See page 3.					
Have you ever volunteered at Marian Regional Medical Center? When? What Department? Why did you leave? YES NO					
IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?					
Name:		Relationship:		Phone ()	

TELL US ABOUT YOURSELF

Day(s) you are available to volunteer? (circle) M T W TH F SA SU	What area are you most interested in? (circle) Direct Care/Patient Contact Administrative/Clerical
Time(s) you are available:	What population would you like to work with? (circle) Children Teens Adults Seniors No Preference
What departments or programs are you most interested in? _____ _____	Do you speak another language? YES NO If yes, what language? _____
Have you ever been convicted of a crime (s), misdemeanor (s) or felony? YES NO If yes please give date (s) and details: _____ _____ _____	How did you learn about Marian's Volunteer Program? _____ Do you have any physical, mental or medical condition, which would limit your ability to perform functions of a volunteer job? YES NO If yes, please describe: _____ _____ _____
Please note: Disclosure of a criminal record will not automatically disqualify you from volunteer consideration. Additionally, falsification or omission of information on this application may result in immediate dismissal.	

****PLEASE ATTACH YOUR IMMUNIZATION RECORD****

Please Go To Next Page.

EMPLOYMENT OR VOLUNTEER EXPERIENCE INFORMATION

Please list any work and/or volunteer position(s) you have held. Include company/institution and supervisor's name. Please list most current positions first.

If you have never worked or volunteered in past, please go to the next section.

Employer/Volunteer Org.	From	To	Position and Duties	Reason for leaving
Company or Organization Name			Position:	
Address	City and State:		Duties:	
Name and Title of Supervisor	Telephone:		May we contact him/her? YESNO	

Employer/Volunteer Org.	From	To	Position and Duties	Reason for leaving
Company or Organization Name			Position:	
Address	City and State:		Duties:	
Name and Title of Supervisor	Telephone:		May we contact him/her? YESNO	

***If you have never worked or volunteered please list one academic or non-personal reference (i.e. teacher, guidance counselor, pastor, rabbi, etc.):**

Name:	Relationship (i.e. teacher, pastor, etc.):
Phone Number:	*Your reference cannot be someone you are related to.

EDUCATION INFORMATION

If you are currently in high school, please tell us what school do you attend? _____ Major/Concentration: _____ School Location: _____	What grade are you in? _____ What is your average (i.e. A, 3.0, 85%, etc.)? _____
What college or university do or did you attend? _____ Major: _____ School Location: _____ Did you graduate? YESNO Graduation Date: _____ GPA _____ Degree completed: _____	Other schooling, certifications or licenses? School: _____ Certification, License or Degree: _____ _____ School: _____ Certification, License or Degree _____

Please Go To Next Page.

PERSONAL STATEMENT

In a brief paragraph please describe why you are interested in volunteering at Marian Regional Medical Center:

I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me, or will cause immediate termination of my volunteer assignment. I authorize Marian Regional Medical Center Volunteer Services Department to fully investigate my references.

I understand that in accordance with Marian Regional Medical Center, volunteer placement is conditional upon satisfactory clearance by the criminal background check.

I hereby agree that I will keep confidential all materials I may read or learn about during my work here as a volunteer. In this regard, I will only discuss this information with appropriate staff and will never, under any circumstances, reveal the name of a patient. .

Signature: _____ Date: _____

If under 18, Parent/Guardian Signature required:

Parent Signature _____ Date: _____

http://www.marianmedicalcenter.org/Volunteer_Information

PLEASE NOTE THAT THIS APPLICATION MUST BE THOROUGHLY COMPLETED.

Dignity Health - Marian Medical Center Volunteers # 16244

VOLUNTEER INFORMATION

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Email address: _____ (Provide if you prefer to receive information via email)

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(☐ GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

You MUST read this section carefully before answering the question below.

- Do not report a record of any arrest, detention, diversion, supervision, adjudication or court disposition that was subject to the process and jurisdiction of a juvenile court.
- Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, dismissed, dismissed under a first offender's law, pardoned by the Governor or which state law allows you to lawfully deny as set forth below.
- You MUST review the [state law information](#) before answering.
- You are not required to disclose violations, infractions, petty misdemeanors (MN) or summary offenses (PA).
- By selecting either "Yes" or "No" below, you are stating that you have read the applicable state notices provided above and that you provide a true and accurate statement below.
- A conviction will not necessarily be a bar to employment. This information will only be used for job-related purposes consistent with applicable law and in determining whether the conviction is related to the job for which you are applying.
- If you answer "Yes" below, provide city, county, and state where offense occurred, conviction date and nature of the offense, along with sentencing information.

QUESTION: Have you ever been convicted of, plead guilty, no contest, or nolo contendere to a misdemeanor or felony? Yes ☐ No ☐ (Please attach a separate sheet of paper to provide additional entries.)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. City: _____ State: _____ Zip Code: _____ Date From: _____
Date To: _____

2. City: _____ State: _____ Zip Code: _____ Date From: _____
Date To: _____

3. City: _____ State: _____ Zip Code: _____ Date From: _____
Date To: _____

4. City: _____ State: _____ Zip Code: _____ Date From: _____
Date To: _____

STATE LAW NOTICES

California applicants or employees only: Please mark this field _____ 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.

California applicants or employees only: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.

Colorado applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Connecticut applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Maryland applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Massachusetts applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432.

Minnesota applicants or employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; [1-888-773-2432. Place an X here ____ for a disclosure to be sent to you. Place an X here ____ for a free copy of your consumer report to be sent to you.

Montana applicants or employees only: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative consumer report.

New Jersey applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com.

New York applicants or employees only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting that agency. Please mark this field to receive a copy of Article 23-A that will be presented once you complete this process: ____.

Oklahoma applicants or employees only: Mark an X here ____ you would like to receive a free copy of your report.

Oregon applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have 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. Any requests under this paragraph to the CRA should be made to PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Vermont applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: _____ **Date** _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Dignity Health - Marian Medical Center Volunteers # 16244
VOLUNTEER 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," including criminal background checks, by the Company at any time after receipt of this authorization and throughout the term of my volunteering, 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 , and/or 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** _____

First Name: _____ **Middle Name:** _____

Last Name: _____

DOB _____ **Last four digits of SSN** _____

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778

Dignity Health - Marian Medical Center Volunteers # 16244
VOLUNTEER 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

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. 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, or other background checks.

You have the right, upon written request made within a reasonable time after receipt of this notice, 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; [1-888-773-2432] www.precheck.com or another outside organization.

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778