

Dear Adult Volunteer Applicant:

Thank you for your interest in volunteering at Marian Regional Medical Center (MRMC). 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 our hospital.


As a volunteer, you will have the opportunity to join a team of people dedicated to high-quality patient care. Employees and volunteers at 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. Everyone at MRMC, 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 a minimum of 4 hours a week, for a total of 100 hours. We encourage your commitment, so we can provide you with a meaningful volunteer experience. The required hours volunteering for Hospice do not have a minimum; as families and patients dictate the need. It may be only an hour or two a week.

Once you have completed the enclosed application and forms, 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 sharing opportunities with you and 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
Marian Regional Medical Center

VOLUNTEER PROGRAM ELIGIBILITY AND REQUIREMENTS

The following items must be met in order to participate in our volunteer program. Please review them carefully.

1. Volunteer services are donated to 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. This is a legal standard from the Occupational Safety and Health Administration. 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.
3. A minimum commitment of 100 hours of service is required, with a minimum commitment of 4 hours per week.
4. You must be able to maintain a regular schedule of at least 4 hours per week for 3 months or more. We cannot accept applicants who are not able to volunteer for the minimum amount of required time. 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, sexual offender status. We do not obtain FICO or credit scores.
6. We do not place individuals in volunteer service to be trained for paid positions.
7. Volunteers must have the ability to keep patient information, conversations, and observations confidential.
8. Volunteers must demonstrate willingness to help staff, patients, visitors, physicians and other volunteers whenever possible.
9. Volunteers must have the ability to use good judgment in unusual circumstances.
10. Volunteers must have good communication skills to be able to communicate with patients, visitors, staff and supervisors. Volunteers in all areas must be able to communicate in a clear, understandable, and courteous manner.
11. Volunteers must be able to speak, read and write in English (knowledge of a second language is a plus).
12. Volunteers must be reliable. If unable to be present, you are required to call your assigned supervisor and the volunteer office.
13. All volunteer applicants must demonstrate an appropriate and positive manner of behavior and communications skills with all persons at all times, including guests, staff, vendors, and other volunteers.
14. Volunteers may be required to withstand long periods of walking and standing.

15. 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 to accept tips or gifts from patients and visitors.
16. You must attend the general orientation presented by the volunteer department before you begin volunteering.
17. You must be dependable, honest, and willing to take direction to perform assigned volunteer duties.
18. You must obtain a recommendation from someone who has knowledge of your work skills, academic achievements or community service and is not a relative.
19. You must be in good general health. All volunteers must have a TB test and flu shot annually.
20. You will be required to wear a volunteer uniform. The uniform consists of a volunteer top—polo shirt or smock—to be purchased from the Volunteer Office for \$20, worn with your own white, black or khaki pants. Shoes must be closed toe. All items of clothing and shoes must be neat and clean. Jeans of any color and shorts are not permitted as part of the uniform.
21. A small amount of jewelry may be worn, for example, a wristwatch, ring, and small pair of earrings. Large hoops or long dangling earrings, heavy chains, are not permitted.
22. Hats, caps, bandanas may not be worn as part of the uniform.
23. You will be issued a photo identification badge at the beginning of your volunteer service. The badge must be worn attached to the collar of your volunteer shirt or to an ID lanyard, and must be visible at all times while you are on volunteer duty. The badge is Marian property and must be returned upon termination of volunteering.

The above requirements must be met in order to participate in the volunteer program at Marian Regional Medical Center. Applicants who do not comply with these requirements, or who return incomplete information, will not be invited to participate.

Additionally, your status as Volunteer may be terminated at any time if you fail to follow the policies and procedures of Marian, and those of the Department of Volunteer Services. You may also be dismissed for absence without notice, for unsatisfactory attitude, poor work habits, or appearance, and any other circumstances, which could be harmful to the best interests of Marian and/or the volunteer program.

Signature of Applicant

Date: _____

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? YESNO				
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.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.

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 1-888-567-8688.

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.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

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. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

Form 2.

**DISCLOSURE OF INTENT TO PROCURE INVESTIGATIVE REPORT
INCLUDING CRIMINAL BACKGROUND REPORT**

In connection with your application for employment with catholic healthcare west (“**DIGNITY HEALTH**”), **DIGNITY HEALTH** hereby provides to you the disclosure requirements mandated by the Fair Credit Reporting Act, as amended, [15, U.S.C. 1681 *et seq.*] And/or California investigative reporting agencies act (IRCAA) [California civil code §§17.86-1786.56]. Summaries of your rights under federal and state law are attached to this disclosure.

Please be advised that **DIGNITY HEALTH** may obtain consumer investigative reports about you in connection with your application for employment or application to be a volunteer if **DIGNITY HEALTH** makes you a contingent offer of employment, and/or at any time during your employment or service with **DIGNITY HEALTH** if you are hired or if you are a current employee.

Such investigative reports may include an investigative consumer report concerning your character and eligibility for employment which may include your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal conviction history, including misdemeanor convictions resulting in imprisonment and convictions in military courts (the state of California excludes marijuana related misdemeanor convictions greater than two years old). This information may also be obtained from personal interviews with your professional and personal acquaintances, and may include, but is not limited to reference checks, verification of education and past employment, and investigations into theft, fraud, harassment and workplace violence.

DIGNITY HEALTH will use any investigation reports solely for employment purposes, including but not limited to reassignment, promotion, retention and rehiring; and **DIGNITY HEALTH** will not use the information obtained from the report in violation of any applicable federal, state or local law or regulation, including all equal opportunity laws.

You are further advised that the information obtained will not necessarily preclude your employment at **DIGNITY HEALTH**, but the information will be used as part of an overall evaluation of your qualifications and suitability for employment.

You are further advised that you have the right to request a complete disclosure of the nature and scope of the investigation and that you have a right to obtain copies of any investigative reports, including specifically those that adversely affect your employment eligibility.

You are further advised that **DIGNITY HEALTH** may not procure such an investigative consumer report unless you provide written authorization for the procurement of the report.

Note: acknowledgement of receipt required:

Please acknowledge your receipt of this Disclosure Notice by signing and dating where indicated on the accompanying Background Screening Authorization and Release.

DISCLOSURE AND AUTHORIZATION FORM

Dignity Health may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight 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 HireRight'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, upon submitting proper identification. HireRight 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.

NEW YORK: ~~You have the right, upon request, to be informed of whether or not a consumer report was requested.~~ If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: ~~You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report.~~ You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we 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.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

☐ I wish to receive a free copy of the report.

Social Security Number _____ - _____ - _____ Date of Birth: _____ - _____ - _____
Month Day Year

Driver's License Number _____

Issuing State _____

Place of Birth _____

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____

Date _____

Form 4.

BACKGROUND SCREENING AUTHORIZATION AND RELEASE

PLEASE READ CAREFULLY...

We welcome your application with **DIGNITY HEALTH** ("Employer"). We require as a precondition of our offer of employment or to fill a volunteer position, that all applicants consent to and authorize a verification of their background, including, but not limited to, information submitted on their application or resume and that each applicant submit to a pre-employment or pre-placement physical. If you would like **DIGNITY HEALTH** to continue to consider your application, please read the following information and sign below.

You will note that **DIGNITY HEALTH** will be performing various types of background checks on all applicants, and we may be obtaining and reviewing report(s) prepared by private consumer reporting agency/agencies, in connection with your application for employment (or volunteer services) and/or at any time during your employment or service with **DIGNITY HEALTH**.

DIGNITY HEALTH will use any report(s) obtained solely for employment purposes and will not use the information obtained from the report(s) in violation of any applicable equal opportunity law or regulation. Also, the information obtained will not necessarily preclude your employment with **DIGNITY HEALTH**, but it will be used as part of an overall evaluation of your qualifications and suitability for employment or the volunteer position. You should also know that we cannot obtain such a report unless you provide written authorization for us to obtain such a report, but we will not consider your application without such an authorization.

PLEASE READ CAREFULLY AND INITIAL EACH OF THE FOLLOWING:

_____ I certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that any false statements on or material omissions from my application will result in my application being rejected; and that any false statements or material omissions will also constitute cause for discipline up to and including immediate dismissal at **DIGNITY HEALTH's** complete discretion if such facts are discovered at any time if and after I am employed.

_____ I am aware that I may be required, as a condition of employment, to successfully complete a pre-employment post-offer medical examination that includes screening for drugs and/or alcohol, which examination will be paid for by **DIGNITY HEALTH**, and that any referral to a private doctor for suggested follow-up will be at my own expense.

_____ I understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

_____ I understand that **DIGNITY HEALTH** will check my name against the Office of Inspector General's List of Excluded Individuals/Entities. The practical effect of OIG exclusion is to preclude employment of an excluded individual (individuals who submit false or fraudulent, or otherwise improper claims for reimbursement, indirectly or directly, from any Federal health care program). This check is conducted in accordance with Public Law 95-142 and Public Law 97-35, in order for **DIGNITY HEALTH** to avoid potential civil penalties.

_____ I understand that if I am hired, I agree to observe all rules, regulations and policies of **DIGNITY HEALTH** and its affiliates, and that I must disclose to **DIGNITY HEALTH** immediately any criminal drug status conviction or conviction of a criminal offense related to the provision of health care items or services, or any debarment, exclusion or other event that would make me ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs.

AUTHORIZATIONS AND CONSENT FOR RELEASE OF INFORMATION

_____ If I am given a contingent offer of employment by **DIGNITY HEALTH**, and thereafter if I am employed by **DIGNITY HEALTH**, I hereby authorize **DIGNITY HEALTH** to obtain and/or review any investigative reports on me in connection with my application and/or at any time during my service with **DIGNITY HEALTH**, which reports may include any of the following: any criminal or civil court records pertaining to me from any federal, state or local court or justice agency in any state or country; any records relating to any military courts martial in which I have been convicted; information about me from my previous employers or other sources regarding my work history; information about my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and/or mode of living, which information may be obtained from personal interviews with my professional and personal acquaintances; information about me from individuals I designate as personal or professional references; information from any source to verify my educational history, professional licenses, professional liability insurance, and/or motor vehicle ownership and/or operating history; the results of tests of personality, skills, or other job-related performance criteria that **DIGNITY HEALTH** may cause me, in its complete discretion, to undergo; and any other information **DIGNITY HEALTH** deems necessary. In obtaining records of my criminal conviction history, I acknowledge that **DIGNITY HEALTH** will, to the extent permitted by law, include a review of felony convictions and misdemeanor convictions resulting in imprisonment and convictions in military courts, but it will exclude marijuana-related misdemeanor convictions greater than two years old in the State of California.

_____ I understand that **DIGNITY HEALTH** treats the reports regarding my background and criminal record described above as investigative or other forms of consumer reports, as defined by the Fair Credit Reporting Act, as amended, 15 U.S.C. 1681, and/or California Investigative Consumer Reporting Agencies Act (ICRAA) California civil code §§17.86-1786.56, and I specifically authorize **DIGNITY HEALTH** now, and at any time if and while I am employed or volunteering, to obtain such consumer report(s) on me.

_____ Furthermore, I understand and agree that before any adverse action is taken by DIGNITY HEALTH as a result of information contained in such consumer report(s), DIGNITY HEALTH or its agent will provide me with a copy of the report, regardless of whether I have checked the box below requesting a copy of any report(s).

Authorization For Employer's Agents To Carry Out These Investigations

_____ I authorize **DIGNITY HEALTH** to use a consumer reporting agency to conduct this investigation, and authorize any and all such agents to disclose orally and/or in writing the results of, including all information obtained by, any investigation conducted pursuant to this authorization to **DIGNITY HEALTH**, and further authorize **DIGNITY HEALTH** to disclose such results and information in its complete discretion to any of its affiliates.

Authorization For Others To Disclose Information To DIGNITY HEALTH and Its Agents

_____ I further authorize all persons, employers, schools, courts, agencies and/or institutions to provide **DIGNITY HEALTH** and/or its agents with all information that may be requested, and I hereby release all persons and organizations providing such information from any and all claims and damages connected with the release of any requested information. I understand and agree that any copy of this consent is as valid as the original.

Release of Liability

_____ Finally, in return for **DIGNITY HEALTH's** further consideration of my application, I hereby release and discharge **DIGNITY HEALTH**, and/or its agent(s) to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, and/or other charge or complaint arising out of or related to the retrieval, consideration of, reliance on, and/or reporting of any of the information **DIGNITY HEALTH** is hereby authorized to gather as described herein.

Application is Not a Contract of Employment

_____ I understand that nothing in this form, the application, or my on-line profile, is to be construed as constituting a contract or guarantee of employment, and no manager or representative, other than the Facility Head of Human Resources or his/her designee, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to this. I agree that I am free to resign, just as **DIGNITY HEALTH**, or its affiliates, is free to terminate my employment, in accordance with Human Resources Policies and/or collective bargaining agreements.

APPLICANT TO COMPLETE:

Name: _____
Last First Middle

Current Address: _____

If you have used any names other than that indicated above, please print them in the space below:

Other Names: _____

I received the separate document entitled "Disclosure of Intent to Procure Investigative Report Including Criminal Background Report"

APPLICANT'S INITIALS: _____ **DATE:** _____

TO WHOM IT MAY CONCERN:

I have read and understand the contents of this Authorization and Release. I hereby agree to the terms of the application process; I consent to DIGNITY HEALTH obtaining the information described; I consent to DIGNITY HEALTH causing the investigation to occur and to obtaining the described consumer report(s) on me; and I release all individuals and entities from any liability for responding to the inquiries of DIGNITY HEALTH or its agents regarding my suitability for employment, including specifically the consumer reporting agency,

HireRight Inc.
5151 California Avenue
Irvine, CA 92617, USA
1-800-400-2761 Voice
1-877-797-3442 Fax

with whom **DIGNITY HEALTH** has contracted to perform the background screening investigation described herein.

Signature

Date

- ☐ By checking this box, I request that I be sent a free copy of any consumer or background report regarding me requested by DIGNITY HEALTH within three (3) days of receipt by DIGNITY HEALTH.