

UNION GENERAL HOSPITAL AUXILIARY VOLUNTEER FORM

Thank you for your interest in volunteering with our organization. We play a vital role in the community, and we greatly value our volunteers. Please complete this form and leave it at the information front desk. Your information is confidential.

Print Full Name: _____ Today's Date: _____
Title: Mr. ___ Mrs. ___ Miss ___ Ms ___ Home Phone: _____
Address: _____ Cell Phone: _____
_____ Email: _____
State/Zip Code: _____/_____ Birth Month/Day: _____/_____

Preferred time to be contacted: AM: _____ PM: _____
Emergency Contact: _____
Emergency Contact Phone: _____

Have you ever been a member of any Hospital Auxiliary:

Name: _____ Location: _____
Year(s) Volunteering: _____ Duties: _____
Contact Person: _____ Phone: _____
Special Professional Training: _____

Valid Driving License: Yes: _____ NO: _____ State Issued License: _____

Veteran: Yes ___ No ___ Branch of Service: _____

Have you ever been convicted of or plead guilty to any crime(s): Yes: _____ No: _____

Volunteer Interest(s): Medical Office Building Front Desk: _____ Registration/Caller: _____
Emergency Dept Desk _____ Radiology: _____ Outpatient: _____ Pre-Op/Surgery: _____
Substitute: _____

Availability: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____
(You may select more than 1 day, shift and area) Date available to start: _____
Shifts: Morning (8-12): _____ Afternoon (12-4): _____ Caller (10-2): _____
Outpatient (times vary depending on MD schedules)

On the back of this form, we would like to know more about you. Please tell us why you wish to be part of the UGH Auxiliary.

Union General Hospital policy requires all applicants to undergo two (2) background checks, 2 TB Tests, Covid immunization documentation/waiver and refusal of Influenza Vaccination (if applicable). Orientation will be initiated once background checks and medical requirements are met. Please sign to indicate your agreement to meet these requirements.

Signature

Date

I understand and accept the terms that the UGH Auxiliary reserves the right to accept, refuse, or terminate any Auxiliary Volunteer without advanced notice or explanation.

Signature

Date

Once your application has been received, we will contact you for an interview.
Thank you for your interest in serving our community!



Client Code:
UNION

310 State Highway 325
Blairsville, GA 30512
877-246-5059 (fax)
info@factsondemand.com

DISCLOSURE REGARDING BACKGROUND CHECK

Union General Hospital, Inc. ("the Company") and FOD may obtain information about you from a third party consumer reporting agency for Employment or Volunteer (Only check one box) purpose. 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 criminal history background record, social security verification, education and employment history, motor vehicle record ("driving records") and any other applicable personal information.

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 Facts on Demand, Inc., 310 State Hwy 325, Blairsville, GA 30512; Tel. No. 1.706.835.1831; www.factsondemand.com.

This Disclosure and Authorization form, in electronic, faxed, or photocopied form, will be valid for any reports that may be requested by the Company. By signing below, I give my full consent for periodic criminal history background checks to be performed for the duration of my employment.

Signature: _____ Date: _____

Please print all information CLEARLY.
Information required for identifier purposes only

| | | | | | |
|-------------------------|-----------|----------------------------------|--|------------|-------|
| *First Name | | *Middle Name | | *Last Name | |
| _____/_____/_____ | | _____/_____/_____ | | _____ | |
| *Social Security Number | | *Date of Birth | | *Sex | *Race |
| _____ | | _____ | | _____ | |
| *Current Address | | | | *City | |
| _____ | | _____ | | _____ | |
| *State | *Zip Code | *Driver's License Number & State | | | |
| _____ | _____ | _____ | | | |

**Special employment provisions (Check if applicable) **

Applicant: DO NOT WRITE BELOW THIS LINE

- Criminal Background (list States) _____
- Motor Vehicle Report Sex Offender Search
- RUSH (Additional \$4.00 fee will be added - results returned in four business hours)

| Purpose Code Used: (check only one) | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> | E - Employment |
| <input type="checkbox"/> | M - Working with Mentally Disabled |
| <input type="checkbox"/> | N - Working with Elderly |
| <input type="checkbox"/> | W - Working with Children |

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Union General Hospital, Inc. / Facts on Demand 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 | | | |
| | | | |
| LAST | FIRST | | MIDDLE |
| 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 |