



John Randolph Medical Center

HCA^{VA}

Dear Applicant:

Thank you for your interest in our volunteer program. Please complete the attached application and the three background authorization forms. Email all forms to beverly.epps@hcahealthcare.com.

Three letters of reference are also required. References can include an employer, neighbor or a friend. The references should know you well and be able to speak to your character as a volunteer. A reference cannot be a relative. Letters can be emailed to beverly.epps@hcahealthcare.com. Letters can also be mailed to me at:

Beverly Epps
John Randolph Medical Center
411 West Randolph Road
Hopewell, VA 23860

Once all information has been received, you will be contacted to schedule an interview. Interviews can be scheduled Monday through Friday between 10 a.m. and 3 p.m.

If you are selected to volunteer, you will be required to have blood work done for a Tuberculin Skin Test which will be administered by our Employee Health Nurse. You will be provided her contact information.

If you are a college student, a copy of your immunization records is required. You must also have a two-step PPD (Tuberculin Skin Test). These two tests must be administered 7-10 days apart.

Orientation is the final step in the process where you will learn about the hospital environment, expectations and responsibilities. This session lasts approximately 3 hours. You will be notified of the date and time of the training.

If you have any questions, please contact me at (804) 541-7417. My office hours are 8:00 a.m. – 4:30 p.m. Monday through Friday.

Sincerely,

Beverly Epps
Volunteer Services Coordinator



Adult Volunteer Application John Randolph Medical Center

Name: _____
(Last) (First) (M.I.) (Nickname)

Address: _____

(City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Social Security #: _____ Birthday: _____

Education: _____ Special Training: _____

Occupation: _____ Employer: _____

In Case of Emergency, Notify: _____

Telephone: _____ Relationship: _____

Previous Volunteer Experience: _____

Reason for Volunteering: _____

Community Affiliations: _____

Make of Automobile: _____ Color: _____ Plate#: _____



Please check general areas of interest below. See Volunteer Assignments Sheet (separate page).

- Patient Care Areas _____
- Visitor Assistance _____
- Greeter _____
- Gift Shop _____
- Clerical _____

Please check preferred days and hours:

- 8:00 a.m. – 12:00 p.m. _____ 12:00 noon – 4:00 p.m. _____ 5:00 p.m. – 7:00 p.m. _____
- Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
- Saturday _____ Sunday _____

I hereby apply for volunteer service with John Randolph Medical Center. I understand and agree to comply with the requirements and regulations of the Medical Center and to consider all privileged information concerning the hospital, its patients and staff strictly confidential. I will take all criticisms and problems to the Director of Patient Support Services. If it is felt in the best interest of the Medical Center, I can be relieved of all of my volunteer responsibilities.

I give permission to John Randolph Medical Center to use my picture or likeness, which may be taken at the hospital, activity or event for use in advertising, promotional materials, website display, posters or publications.

Signature

Date



Volunteer Assignments John Randolph Medical Center

Patient Access – Assist patients with signing in for procedures, escort patients to different areas for appointments, discharge patients by wheelchair, deliver flowers, escort visitors to patient rooms and other areas in hospital, assist people with completing application to request copy of medical record, answer the telephone (Tuesday 8-12, 12-4), Wednesday 12-4:30, Thursday 12-4:30, Saturday 12-4:30, Sunday 12-4:30)

Gift Shop – Assist customers, ring up sales, re-stock merchandise, process telephone orders; (Tuesday 8-12, Wednesday 8-12, Thursday 12:30-4:30, Saturday 12-4:30, Sunday 12-4:30; On call as a substitute for any of the days and shifts)

Surgical Unit - Pass ice, assist patients with completing menus, remove meal trays, deliver specimens to Lab, make unoccupied beds, re-stock gloves, inform staff of patient needs, patient discharge assistance (Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday 8-12 or 12-4)

Telemetry Unit – Pass ice, assist patients with completing menus, remove meal trays, deliver specimens to Lab, make unoccupied beds, re-stock gloves, inform staff of patient needs, patient discharge assistance (Wednesday, Thursday, Friday, Saturday, Sunday 8-12 or 12-4)

Endoscopy – Make beds, discharge patients, make patient charts (Tuesday 8-12, Wednesday 8-12, Thursday 8-12)

Outpatient Surgery – Make beds, provide refreshments to patients as needed, compile new patient charts, escort patients, discharge patients (Wednesday 12-4, Thursday, 10-2, Friday 8-12)

Radiology – Escort patients to various departments in Radiology and other hospital areas, file patient charts, fold and stuff envelopes, make CD's of tests, be present with Technician for certain tests (Mondays 10-2, Tuesday 12-4, Wednesday 12-4, Thursday 8-12, 12-4, Friday 12-4)

Physical Therapy – Clean equipment, make beds, fold linen, retrieve equipment, organize files, fax documents, observe patient treatment (Monday, 8-12, Monday 1-4, Tuesday 8-12, Wednesday 8-12, Wednesday 1-4, Thursday 8-12, Friday 1-4)

Occupational Therapy – Play games with pediatric patients, give the patients specific toys as instructed by Therapist, clean toys, clerical tasks once a week – (Tuesday, Wednesday, or Friday 8-12 or 1-4)

Outpatient Behavioral Health – Greet patients, set up refreshments for patient group meetings, file documents, copy and assemble packets (Monday – Friday 12-4)

Emergency Department – Re-stock supplies, make beds, offer warm blankets to patients, inform staff of any questions or concerns expressed by patients and their families (Monday 2-7 p.m., Tuesday 2-7 p.m., Wednesday 8-12, 12-4, Friday, 2-7 p.m., Saturday 11-4, 4-8 p.m., Sunday 11-4, 4-8 p.m.)

Colonial Heights Surgery Center – Greet patients, escort to treatment area, escort families to Recovery area, answer the telephone and direct calls, ask vendor representatives to sign in (Wednesday 7-5, Thursday 1-6 p.m., Friday, 1-6 p.m.)

Freestanding Emergency Department (Prince George/Colonial Heights) – Greet patients, assist with registration check-in at Kiosk, answer the telephone at nurse's station, re-stock blanket warmer, clean stretchers and wheelchairs, make beds, and update patient white information boards (Monday 11- 9 p.m., Tuesday, 11-9 p.m.)

Revised 4/12/18

John Randolph Medical Center Volunteers # 3060

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 _____

*Before answering the question below, you **MUST** carefully read the following information:

Do not report any conviction which state law allows you to lawfully deny, as set forth in the [state notices](#) that you must review before answering. You are not required to disclose minor violations or infractions. A conviction will not necessarily be a bar to employment. This information will be used to determine if the conviction is related to the job sought. Factors such as age, severity, and nature of the offense(s), etc. will be considered. Failure to honestly respond may result in discontinued consideration or termination of employment. You confirm that you have read the state notices above and confirm that the information you provide is true and accurate.

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony? If you answer Yes, you must provide details. 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:** _____ **Date From:** _____ **Date To:** _____

2. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

3. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

4. **City:** _____ **State:** _____ **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** _____

Parent/Guardian 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.

State Specific Notices

* **California employees/residents:** You need not disclose any referral to, and participation in, any pre-trial or post trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.

* **Connecticut employees/residents:** You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolle, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

* **Massachusetts employees/residents:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

* **Philadelphia, PA employees/residents:** You may exclude convictions that occurred more than 7 years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the 7 year period.

* **San Francisco, CA employees/residents:** You may exclude convictions that occurred over seven years ago and a conviction or any other determination or adjudication in the juvenile justice system, or information regarding a matter considered in or processed through the juvenile justice system.

* **Washington State employees/residents:** You may exclude convictions that occurred over ten years ago.

* **Seattle, WA employees/residents:** In addition to the above, you may exclude a criminal conviction that has been the subject of a certificate of rehabilitation or other equivalent procedure based on a finding of the rehabilitation.

* **Georgia:** Applicants may exclude convictions discharged under Georgia's First Offender Programs.

* **Nevada:** Applicants are not required to disclose misdemeanor convictions which resulted in imprisonment older than 10 years.

* **New York:** Applicants for job positions may exclude an adjudication as a youthful offender.

* **Ohio:** Applicants with a conviction for a minor misdemeanor violation involving marijuana does not constitute a criminal record and does not need to be reported by the person so convicted in responding to the questions on this application.

John Randolph Medical Center Volunteers # 3060
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" by John Randolph Medical Center Volunteers 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 John Randolph Medical Center Volunteers, and/or John Randolph Medical Center Volunteers 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 _____

Parent/Guardian Signature: _____ **Date** _____

www.PreCheck.com info@precheck.com

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

John Randolph Medical Center Volunteers # 3060
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" 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 volunteering with the Company to the extent permitted by law.

www.PreCheck.com info@precheck.com

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