



Welcome Volunteer Candidate!

We are very pleased that you are interested in volunteering! You can make a difference as you bring your talents and special personality to help us here at Baptist Health Corbin.

To complete the volunteer candidate's process, please fill out an application. If you are age 18 or over, you will need to complete a background check form (see attachment). Return the application along with the background check form. When HR receives clearance for you, our office will contact you to come in for orientation training and required TB skin test.

Volunteers are a very important and vital part of our services. As you take on your responsibilities, you will soon know the joy and fulfillment you'll receive by doing a job only you can do.

Thank you again for your desire to help and if we can be of any help to you, please let us know.

Sincerely,

Becky Stewart  
Volunteer Assistant  
606.523.8768  
1 Trillium Way  
Corbin, KY 40740



Volunteer Services Department  
Adult Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: (Year optional) \_\_\_\_\_ SS Number: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Your current occupation: \_\_\_\_\_

Have you ever worked for Baptist Health Corbin? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and in what capacity? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain offense and date: \_\_\_\_\_

Hobbies, Accomplishments, Skills, Interests, Foreign Languages, Sign Language:  
\_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

What type of volunteer work would you prefer? \_\_\_\_\_

How often would you like to volunteer? \_\_\_\_\_

On which days are you available to volunteer? \_\_\_\_\_ Any evenings? \_\_\_\_\_

List names and phone numbers of two personal references (not related):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Why did you apply for volunteering at Baptist Health Corbin?

\_\_\_\_\_  
\_\_\_\_\_

*I authorize Baptist Health Corbin Volunteer Services department to request information concerning my character and reliability from the above named references.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

V01

**NOTICE AND ACKNOWLEDGMENT**  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

**NOTICE REGARDING BACKGROUND INVESTIGATION**

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. 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 with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. 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 Global HR Research, 9530 Marketplace Road, Suite 301, Fort Myers, FL 33912, Office: (239) 274-0048, Toll Free: 1-800-790-1205, website: www.globalhrresearch.com or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

- New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
- New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.
- Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.
- Washington State applicants or employees only: 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.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE 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" at any time after receipt of this authorization and, if I am hired, throughout my employment. 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 Global HR Research, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

DATE

PRINT NAME (First, Middle, Last)

SIGNATURE OF EMPLOYEE OR PROSPECTIVE EMPLOYEE

SOCIAL SECURITY NUMBER

Date of Birth (For Background Purposes Only)

Drivers License Number

State

Current Address:

Previous Addresses (Last 7 years):

Any other names I have been known by (including maiden name):



BAPTIST HEALTH

### Baptist Health Corbin Job Description and Responsibilities

**JOB TITLE:** Volunteer  
**REPORTS TO:** Department Coordinator

**DEPARTMENT:** Volunteer Services

**JOB SUMMARY:** Unpaid position. Provides specific information and assist customers and staff as needed while maintaining confidentiality and understanding the rules and regulations of this facility. Must be willing to train in regulatory requirements for BRMC. All employees will continually monitor and adhere to safety responsibilities and initiatives.

**MINIMUM QUALIFICATIONS:**

**Education, Training & Licensure:** High School or equivalent preferred but not required.

**Knowledge, Experience & Special Skills:** Exceptional customer service oriented with strong ability to get along with others. Must have excellent communication skills.

**PHYSICAL REQUIREMENTS STRENGTH FACTOR: L-Light Work** - Requires exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move object. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: when it requires walking or standing to a significant degree; or when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible.

**Other Physical Requirements:**

- RM - Repetitive Motion** - Requires constant stress of maintaining a set pace that is physically demanding even though the amount of force exerted is negligible.
- PA - Physical Agility** - Requiring the ability to do one or more of the following:
  - walking/standing for extended periods
  - bending/leaning
  - lifting/carrying
  - sitting for extended periods
  - kneeling/crouching
  - pushing/pulling
  - grasping/holding objects
- EA- Eyesight Ability** - Requires the ability to see within normal limits with or without visual aids  must be able to distinguish colors
- AA - Audio Acuity** - Requires the ability to hear and distinguish sounds within normal limits.
- LS - Linguistic Speech** - Requires the ability to express or communicate in spoken words.
- MA - Mental Acuity** - Requires the ability to reason and make independent judgments.
- OE - Occupational Exposure** - Requires working with and/or around hazardous materials.
  - bloodborne pathogens
  - chemical/hazardous materials and/or waste

**Population Group Served: N/A**

- Neonate 0-1 Month
- Pediatric 2 days – 12 yrs
- Adolescent 13 yrs – 16 yrs (Trillium Center Service =12 yrs-17 yrs)
- Adult 17-65 (Trillium Center Services = 18 yrs & above)
- Geriatrics – Greater than 65 yrs
- Diagnosis
- Other

Appraisal:  New Hire FYI  Orientation  Transfer/Promotion  Corrective Action (Requires a Performance Plan)

**Print Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Date of hire:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_/\_\_\_\_/\_\_\_\_