



Henrico Doctors' Hospital

HCA Virginia Health System
An HCA affiliate

ADULT VOLUNTEER APPLICATION

I wish to volunteer at (check one): Forest _____ Parham _____

TODAY'S DATE: _____

Name: _____ Social Security No. _____
LAST FIRST MIDDLE

Address: _____ Home Telephone: _____

_____ Date of Birth: _____
CITY STATE ZIP

EMAIL ADDRESS: _____

Are you currently employed? Yes No. If yes, Full time Part time

Current or most recent employer: _____

Position: _____ Supervisor's Name: _____

Supervisor's Telephone: _____

Work History (provide a brief summary of previous employment): _____

Special Skills (indicate any special skills you have or equipment used): _____

Indicate the type of volunteer work in which you are interested: _____

How often are you available? Daily Weekly

Check days that you are available: Sunday Monday Tuesday
 Wednesday Thursday Friday Saturday

Indicate times of day available: Morning Afternoon Evening

Have you been convicted of any law violations (not including traffic violations)? Yes No If you answered, "yes," please list all and explain: Use additional pages if necessary. Note that certain minor violations and other offenses will not prevent your acceptance into the Volunteer Program.

How did you hear about this volunteer opportunity? _____

Please have two references (not related to you) complete the enclosed "Volunteer Reference" form and have them return same to the Volunteer Office at the address shown on the form.

I understand that is up to me personally to make known to the Director of Volunteer Services or any member of Henrico Doctors' Hospital staff any physical or emotional limitation, or any infectious diseases that may preclude my carrying out an assigned or requested task.

I also understand that before I am assigned to a volunteer position with Henrico Doctors' Hospital that a standard background investigation along with a criminal history check will be conducted, and I hereby give authorization for such investigation.

I hereby certify all information contained on this application for volunteerism at Henrico Doctors' Hospital is true and accurate and that if I am selected to be a Henrico Doctors' Hospital volunteer, my misrepresentation of facts on this application is sufficient cause for dismissal.

Signature: _____ Date: _____

Parental and/or Guardian Consent (if required): _____

_____ Date: _____

VOLUNTEER REFERENCE

_____ (Volunteer's Name) has listed you as a personal reference in order to become a volunteer at Henrico Doctor's Hospital. Please complete this form and mail it to, Attention: Volunteer Office, Henrico Doctors' Hospital, 1602 Skipwith Road, Richmond, Virginia 23229, or FAX it to 804-289-5658. Your speedy response would be very much appreciated. Thank you for your time.

Reference Name: _____

Reference Address: _____

Reference Telephone Number: _____

Questions:

1. How long have you known him/her? _____

2. In what capacity? _____

3. Is this person:
Friendly? _____

Punctual? _____

Dependable? _____

4. Does this person have good communication skills? _____

5. Does this person work well with people? _____

6. Explain why you would or would not recommend this person as a hospital volunteer:

Signature: _____ Date: _____

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Signature: _____ Date: _____



800.999.9861
713.861.5959
info@precheck.com
www.precheck.com

PRE-EMPLOYMENT DISCLOSURE & RELEASE

APPLICANT'S FULL NAME _____

Any Other Names Used _____

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

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ No. _____

Address: _____

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 _____

Dates of Attendance and/or Graduation _____
Year(s) Attended _____ Year Graduated/GED Completed _____

My present employer may be contacted for a job reference. Yes No

Have you ever been convicted of a crime? Yes No

Offense _____ County _____ State _____ When _____

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

	City	State	Dates	From:	To:
1.	_____	/	_____	_____	_____
2.	_____	/	_____	_____	_____
3.	_____	/	_____	_____	_____
4.	_____	/	_____	_____	_____
5.	_____	/	_____	_____	_____

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report² and/or Investigative consumer report³ may be made in connection with my application for employment with prospective employer, including contract for services. I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that a prospective employer and PreCheck, Inc. may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my educational/school records, driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment/contract for services or denial of employment/contract for services.

The authorization granted herein shall be effective throughout the term of my employment.

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

Applicant's Signature _____ Date _____

Upon your written request within a reasonable period of time, the investigative agency compiling a report will make a complete and accurate disclosure of the nature and scope of the investigation. In addition, if you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such a report.

¹ The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least

40 years of age. This information is for consumer report purposes only.

² A "Consumer Report" may consist of employment records, educational verification, licensure verification, driving record, previous address and Public records relative to criminal charges.

³ An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.