



VOLUNTEER APPLICATION “NEXT STEPS” CHECKLIST

Thank you for your interest in becoming a Grady Volunteer. To ensure that we receive only the best volunteers and that we keep our patients safe, we require some items before you can volunteer. This includes:

1. Signed GCIC State Required Form – Complete all highlighted sections.
2. Signed Release Authorization & Fair Credit Reporting Form (Background Check)
3. Completed Reference Form
4. Signed Photo Consent Form
5. Signed Confidentiality Agreement Form
6. Completed Immunization Requirement Form
7. Readable copy or photograph of your driver’s license or state-issued photo ID

Reminders:

- Before submitting the Next Steps, be sure you completed an application at gradyhealth.org/volunteer.
- Gather and submit ALL Next Step documents to rshannon@gmh.edu.
- Once your Next Step documents have been processed, you will be contacted to participate in an in-person interview.

Name-Based Criminal Background History Record Information Consent/Inquiry Form

I hereby authorize _____ Alto Police Department _____ to conduct an inquiry for
Agency/Company

Vertical Screen (company) with the purpose(s) listed below and receive any Georgia and/or national criminal background history record information as authorized by state and federal law.

Full Name (print)			
AKA name(s)			
Address			
Sex	Race	Date of Birth	Social Security Number

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____
Date

Purpose Code Used: **(check only one code)**

<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

Additional AKA names:

Special Notice for Consumer Credit Report Review
CALIFORNIA LABOR CODE SECTION 1024.5

California's new labor code provision severely restricts an employer's ability to conduct credit checks on employees. Labor Code 1024.5 only allows employers to conduct credit checks for employees who meet one of the following categories:

- A managerial position.
- A position in the State Department of Justice.
- That of a sworn peace officer or other law enforcement position.
- A position for which the information contained in the report is required by law to be disclosed or obtained.
- A position that involves regular access, for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, to all of the following types of information of any one person:
 - (A) Bank or credit card account information.
 - (B) Social security number.
 - (C) Date of birth.
- A position in which the person is, or would be, any of the following:
 - (A) A named signatory on the bank or credit card account of the employer.
 - (B) Authorized to transfer money on behalf of the employer.
 - (C) Authorized to enter into financial contracts on behalf of the employer.
- A position that involves access to confidential or proprietary information, including a formula, pattern, compilation, program, device, method, technique, process or trade secret that (i) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who may obtain economic value from the disclosure or use of the information, and (ii) is the subject of an effort that is reasonable under the circumstances to maintain secrecy of the information.
- A position that involves regular access to cash totaling ten thousand dollars (\$10,000) or more of the employer, a customer, or client, during the workday.

EXEMPT INDUSTRIES: This section does not apply to a person or business subject to Sections 6801 to 6809, inclusive, of Title 15 of the United States Code and state and federal statutes or regulations implementing those sections if the person or business is subject to compliance oversight by a state or federal regulatory agency with respect to those laws. Sections 6801 to 6809 include the following industries (which are excluded from this law):

- National banks, Federal branches and Federal agencies of foreign banks, and any subsidiaries of such entities (except brokers, dealers, persons providing insurance, investment companies, and investment advisers), by the Office of the Comptroller of the Currency;
- Member banks of the Federal Reserve System (other than national 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, organizations operating under section 25 or 25A of the Federal Reserve Act [12 U.S.C. 601 et seq., 611 et seq.], and bank holding companies and their nonbank subsidiaries or affiliates (except brokers, dealers, persons providing insurance, investment companies, and investment advisers), by the Board of Governors of the Federal Reserve System;
- Banks insured by the Federal Deposit Insurance Corporation (other than members of the Federal Reserve System), insured State branches of foreign banks, and any subsidiaries of such entities (except brokers, dealers, persons providing insurance, investment companies, and investment advisers), by the Board of Directors of the Federal Deposit Insurance Corporation; and
- Savings associations the deposits of which are insured by the Federal Deposit Insurance Corporation, and any subsidiaries of such savings associations (except brokers, dealers, persons providing insurance, investment companies, and investment advisers), by the Director of the Office of Thrift Supervision.
- Under the Federal Credit Union Act [12 U.S.C. 1751 et seq.], by the Board of the National Credit Union Administration with respect to any federally insured credit union, and any subsidiaries of such an entity.
- Under the Securities Exchange Act of 1934 [15 U.S.C. 78a et seq.], by the Securities and Exchange Commission with respect to any broker or dealer.
- Under the Investment Company Act of 1940 [15 U.S.C. 80a-1 et seq.], by the Securities and Exchange Commission with respect to investment companies.
- Under the Investment Advisers Act of 1940 [15 U.S.C. 80b-1 et seq.], by the Securities and Exchange Commission with respect to investment advisers registered with the Commission under such Act.
- Under State insurance law, in the case of any person engaged in providing insurance, by the applicable State insurance authority of the State in which the person is domiciled, subject to section 6701 of this title.
- Under the Federal Trade Commission Act [15 U.S.C. 41 et seq.], by the Federal Trade Commission for any other financial institution or other person that is not subject to the jurisdiction of any agency or authority under paragraphs (1) through (6) of this subsection.

GRADY VOLUNTEER REFERENCE FORM

Grady Volunteer Applicant's Name:	_____
Today's Date:	_____
Your Name:	_____
Company:	_____
Title:	_____
Telephone:	_____
Email:	_____

Please circle the best answers to the questions below.

- How well do you know the Grady Volunteer Applicant?
Very well Well Average Little Very Little
- I know the Grady Volunteer Applicant as a (*circle all that apply*):
Coworker Friend Professional Neighbor Relative Other: _____
- To the best of my knowledge, the Grady Volunteer Applicant does NOT have current substance abuse issues? True False
- The Grady Volunteer Applicant has good people skills:
Agree Somewhat agree Somewhat disagree Disagree Don't know
- The Grady Volunteer Applicant will keep information confidential:
Agree Somewhat agree Somewhat disagree Disagree Don't know
- The Grady Volunteer Applicant possesses good common sense:
Agree Somewhat agree Somewhat disagree Disagree Don't know
- The Grady Volunteer Applicant will behave in a professional manner at all times:
Agree Somewhat agree Somewhat disagree Disagree Don't know



CONSENT FOR PHOTOGRAPHY/VIDEOGRAPHY

I, _____, hereby grant permission for the Grady Health System to permit a photographer to take photographs, video or otherwise, of me on the premises of the Grady Health System. I understand that photographs, video or otherwise may be used by Grady Health System for internal and external publications, as well as health system related news media, social media and/or other marketing purposes.

I hereby release the Grady Memorial Hospital Corporation and its employees or agents from any liability arising out of the presence of photographing personnel on the premises of the Grady Health System and any liability arising from the use of such photographs/videotape.

Signature

Date



CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT

I, _____, volunteer at Grady Health System, acknowledge that I have completed generic training on the Hospital's privacy policies and the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (also known as the HIPAA Privacy Rule).

- I understand that all patient information, including billing and financial data, is confidential.
- I agree to keep patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures including those implementing the HIPAA Privacy Rule.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action, up to and including termination of volunteer service.
- I understand that if I have any questions or concerns about the Privacy Rule and/or the proper use or disclosure of patient information, I shall ask my Supervisor, the Hospital Privacy Officer or the Hospital Compliance Officer.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to any patient information even after I terminate my volunteer service or other relationship with the hospital.

Signature: _____ Date: _____

Name: _____ Department: _____
(Please Print)



IMMUNIZATION REQUIREMENTS FORM

<u>Measles (Rubeola), Mumps & Rubella (MMR)</u>	<u>Varicella (Chicken Pox)</u>
<p>If you were born on or before 12/31/56, you must provide:</p> <p><input type="checkbox"/> Documentation showing <u>ONE</u> MMR Vaccine OR</p> <p><input type="checkbox"/> Age or date when you contracted and developed an immunity to MMR</p> <p>If you were born on or after 1/1/57, you must provide:</p> <p><input type="checkbox"/> Documentation showing <u>TWO</u> MMR Vaccines OR</p> <p><input type="checkbox"/> Age or date when you contracted and developed an immunity to MMR</p>	<p>You must provide:</p> <p><input type="checkbox"/> Age or date when you contracted and developed an immunity to Chicken Pox OR</p> <p><input type="checkbox"/> Documentation showing <u>TWO</u> Varivax (Chicken Pox) Vaccines</p> <p>Important Note:</p> <p>To locate your vaccination/immunization records, ask the Health Department in the county where you would have received shots as a child or the College/University you attend or attended within the past 5 years.</p>

<u>Tuberculosis (TB)</u>
<p><input type="checkbox"/> PPD Skin Test is preferred. You must provide documentation showing a negative PPD or negative blood test, completed within <u>12 weeks</u> of your first anticipated day at Grady.</p> <p>PPD Skin Tests are accepted from anywhere tests are given. To complete the PPD at Grady appointments can <u>only</u> be made during your volunteer interview.</p> <p>OR</p> <p><input type="checkbox"/> Blood Test (T-Spot or Quantiferon) is accepted and preferred if you have previously received the BCG Vaccine for Tuberculosis.</p> <p>If you have a history of positive PPD or blood test results, you must provide:</p> <p><input type="checkbox"/> Chest X-ray that is less than <u>12 weeks</u> old (if you did not receive treatment) OR</p> <p><input type="checkbox"/> Record of completion of treatment for Positive TB test and chest x-ray at the time of treatment</p>

<u>Influenza (Flu) Vaccine</u> (Mandatory during the Influenza Season)
<p>You must provide:</p> <p><input type="checkbox"/> Documentation of Influenza Vaccine between August 1 and March 31 of the applicable season.</p>