

### **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 <u>ALL</u> Next Step documents to <u>rshannon@gmh.edu</u>.
- Once your Next Step documents have been processed, you will be contacted to participate in an inperson interview.

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

I hereby author	nereby authorize Alto Police Department		Police Department	to conduct an inquiry for	
			Agency/Company		
			•	ceive any Georgia and/or national	
criminal backg	round hist	ory record infor	rmation as authorized by st	ate and federal law.	
Full Name (	print)				
AKA na	me(s)				
Ad	<mark>ldress</mark>				
Sex		Race	Date of Birth	Social Security Number	
ı				give consent to the above-named	
entity to perform periodic criminal history background checks for the duration of my employment.					
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# RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT DISCLOSURE [FOR EMPLOYMENT PURPOSES]

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act,15 U.S.C. § 1681 *et seq*.

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (http://www.ftc.gov).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

#### For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

#### For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

#### For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California\*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966. Telephone (800) 260-1680. <a href="www.certiphi.com">www.certiphi.com</a>.

	If a <b>consumer credit report</b> is obtained, I understand that I am entitled to receive a copy. I have indicated below
	whether I would like a copy. Yes No
	Initials Initials
	If an <b>investigative consumer report</b> and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.  Yes No Initials  Initials
	*California Applicants: If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). Certiphi Screening's privacy practices with respect to the preparation and processing of investigative consumer reports may be found at <a href="https://www.certiphi.com">www.certiphi.com</a> (link at bottom of page entitled, "Legal/Privacy").
	**California Applicants who will require credit report review: Please be advised that your credit will be reviewed for as part of this application process. Specifically, the basis for review pursuant to California law (Section 1024.5(a) of the Labor Code) is:
	[SEE ATTACHED NOTICE FOR CATEGORIES]
Date: _	Signature of Applicant:
Print N	Jame:

# 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 1024.5only 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.
  - o (C) Date of birth.
- A position in which the person is, or would be, any of the following:
  - o (A) A named signatory on the bank or credit card account of the employer.
  - o (B) Authorized to transfer money on behalf of the employer.
  - o (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**

Today's Date:  Your Name:  Company:  Title:  Telephone:  Email:  Please circle the best answers to the questions below.  1. How well do you know the Grady Volunteer Applicant?  Very well Well Average Little Very Little  2. I know the Grady Volunteer Applicant as a (circle all that apply):  Coworker Friend Professional Neighbor Relative Other:  3. To the best of my knowledge, the Grady Volunteer Applicant does NOT have current substance abuse issues? True False  4. The Grady Volunteer Applicant has good people skills:  Agree Somewhat agree Somewhat disagree Disagree Don't know  5. The Grady Volunteer Applicant will keep information confidential:  Agree Somewhat agree Somewhat disagree Disagree Don't know  6. The Grady Volunteer Applicant possesses good common sense:  Agree Somewhat agree Somewhat disagree Disagree Don't know  7. The Grady Volunteer Applicant will behave in a professional manner at all times:	Grady Volunteer Applicant's Name:						
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8.			ssign the applicant in a position of trust?
	Yes	No	See "Comments" section below
9.	How w	ould y	ou rate the Grady Volunteer Applicant's ability to be objective and non-judgmental
	of othe	r's bel	havior or lifestyle?
	•	Very a	accepting and non-judgmental
	•	Some	ewhat bothered by lifestyles different from own
	•	Critica	al of others who live and act differently
10.	Do you	ı know	of any circumstances whatsoever that would make it inadvisable to assign this
	Grady	Volunt	teer Applicant to this position?
	Yes	No	See "Comments" section below
omm	ents:		
Volun	teer App	olicant h	mpleting and returning this form you acknowledge that you are in fact the person the Grady has named as a reference and that you provided all the responses listed in this document. elow, you indicate that you have read, understand, and agree to the aforementioned.
Refer	ence's S	Signatuı	re: Date:
		_	<del></del>



## CONSENT FOR PHOTOGRAPHY/VIDEOGRAPHY

T ho	archy grant narmission for the
Grady Health System to permit a photographer to take photographer premises of the Grady Health System. I understand that phot be used by Grady Health System for internal and external public	ographs, video or otherwise may
related news media, social media and/or other marketing purpos	,
I hereby release the Grady Memorial Hospital Corporation and i liability arising out of the presence of photographing personnel of Health System and any liability arising from the use of such photographic	on the premises of the Grady
Signature	 Date



## **CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT**

, volunteer at Grady Health System, acknowledge that I have

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	eted generic training on the Hospital's privacy policies and the privacy regulations issued under the 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 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.
Siç	gnature: Date:
Na	me: Department: (Please Print)



## **IMMUNIZATION REQUIREMENTS FORM**

Measles (Rubeola), Mumps & Rubella (MMR)	<u>Varicella (Chicken Pox)</u>				
If you were born on or before 12/31/56, you must provide:	You must provide:				
☐ Documentation showing ONE MMR Vaccine OR ☐ Age or date when you contracted and developed an immunity to MMR	☐ Age or date when you contracted and developed an immunity to Chicken Pox <b>OR</b> ☐ Documentation showing <b>TWO</b> Varivax (Chicken Pox) Vaccines  Important Note:				
If you were born on or after 1/1/57, you must provide:  ☐ Documentation showing TWO MMR  Vaccines OR  ☐ Age or date when you contracted and developed an immunity to MMR	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.				
Tuberculosis (TB)					
☐ PPD Skin Test is preferred. You must provide documentation showing a negative PPD or negative blood test, completed within 12 weeks of your first anticipated day at Grady.					
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.					
OR					
☐ Blood Test (T-Spot or Quantiferon) is accepted and preferred if you have previously received the BCG Vaccine for Tuberculosis.					
If you have a history of positive PPD or blood test results, you must provide:					
☐ Chest X-ray that is less than <u>12 weeks</u> old (if you did not receive treatment) <b>OR</b> ☐ Record of completion of treatment for Positive TB test and chest x-ray at the time of treatment					
Influenza (Flu) Vaccine (Mandatory during the Influenza Season)					
You must provide:					
☐ Documentation of Influenza Vaccine between August 1 and March 31 of the applicable season.					