

LRGHealthcare

care. compassion. community.

Dear Prospective Volunteer:

Thank you for your interest in becoming a volunteer at LRGHealthcare.

This packet is the first step in your journey to become an integral part of Volunteer Services at LRGHealthcare. Please complete and send this to us at your earliest convenience. The application provides us with important information to begin the process of determining where your talents can be best utilized, taking into consideration your personal schedule. It is the goal of Volunteer Services to provide the hospital with quality volunteers and to provide you with a quality volunteer position.

Attached to the packet are two reference forms. Please have these filled out and returned with your completed application. They **must** be filled out by a non-relative, who has known you for more than a year. Please note we may call your references to ask further questions.

Our process begins with this application. After reviewing your application/references, we will invite you to come in for an interview if it appears that we have a volunteer opportunity that would match your interests and the times you are available. If we agree on an appropriate assignment then we will help you to complete the following:

- A criminal background check. Service as a volunteer will not start until this has been returned and approved.
- You will be required to fill out a medical form and submit to a two step TB process (at LRGHealthcare's expense)
- Attend a mandatory Volunteer Orientation
- Commit to six months of service

PLEASE NOTE THAT THE PROCESS TO BEGIN VOLUNTEERING TAKES APPROXIMATELY THREE-FOUR WEEKS.

We appreciate your consideration of our hospitals, to give a commitment of your time and hope this is the beginning of a rewarding and satisfying experience.

Sincerely,

Sharon

Sharon Bullerwell
Volunteer Coordinator
603-737-6720

VOLUNTEER APPLICATION

PERSONAL INFORMATION

LAST NAME		FIRST NAME & MIDDLE INITIAL	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, a work permit will be required for minors age 14 - 16			
Present Street Address		City, State	Zip
Home Phone #	Cell Phone #	E-mail Address	Social Security #

Please check the boxes that apply to you:

Current/Previous: <input type="checkbox"/> Student Volunteer <input type="checkbox"/> Work Experience Volunteer (WEP, SCSEP) <input type="checkbox"/> Court-Ordered Community Service Volunteer <input type="checkbox"/> Other _____	I am interested in: <input type="checkbox"/> Adult Volunteer (18+ years of age) <input type="checkbox"/> Junior Volunteer (14-17 years of age) <input type="checkbox"/> Service Alliance/Guild Volunteer <input type="checkbox"/> Other _____
I was referred by:	I am interested in volunteering because:

My hobbies / interests are:

Student Volunteers Only - Current High School / College Information **Emergency Contact**

School attending:	College Major:	Name:	Relationship:
Grade or Year:	Is volunteer work a requirement for school credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	City, State, Zip:

AREA OF INTEREST

Position or Area of Interest:	Telephone:	Cell Phone:
Date Available to Start Volunteering:	Alternate Position	
Shift Available to Volunteer: <input type="checkbox"/> Morning (8 - 12) <input type="checkbox"/> Afternoon (12 - 4) <input type="checkbox"/> Other _____	Facility Preference: <input type="checkbox"/> LRGH <input type="checkbox"/> FRH <input type="checkbox"/> Healthlink	

SKILLS & CERTIFICATIONS PLEASE LIST/CHECK SKILLS YOU POSSESS

Office Skills:

Computer Skills:

Other Skills:

List Languages, other than English, which you speak, read or write:

Language: _____ () Speak () Read () Write Language: _____ () Speak () Read () Write

EDUCATION

School/Institution	Name & Location	Major	Degree Received
High School			
Technical School Trade/Business College			
University or College			
Other			

Licenses/Certifications:

GENERAL INFORMATION

Do you have relatives employed/volunteering at LRGHealthcare? Yes No

Name 1.	Relationship	Facility/Department
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Name 2.	Relationship	Facility/Department
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Have you been convicted of a misdemeanor/felony in the last seven (7) years? (A conviction does not necessarily bar you from volunteering) Yes No
If Yes, Please Explain:

Have you ever been listed on an exclusions list by the EPLS, OIG, BEAS or any other State or Federal agency which prohibits or limits you from working in a healthcare environment? Yes No
If yes, what were the circumstances?

VOLUNTEER/EMPLOYMENT HISTORY

Please begin with present or most recent volunteer or employment experience and give a complete account for all periods of employment, including part-time, summer, voluntary and military experience. Attach additional sheets if necessary.

Company/Employer			
Address	May we Contact? Yes No	Supervisor Name/Title	Reason for leaving
Date Started (MO/YR)		Phone:	
Date Left (MO/YR)	Duties & Responsibilities:		
Position/Title:			

EMPLOYMENT HISTORY

Company/Employer			
Address	May we Contact? Yes No	Supervisor Name/Title	Reason for leaving
Date Started (MO/YR)		Phone:	
Date Left (MO/YR)	Duties & Responsibilities:		
Position/Title:			

I hereby authorize LRGHealthcare to conduct a complete investigation into my background including but not limited to, inquiring into my entire employment and volunteer history, education history, certifications, criminal and military record, if any; to obtain references regarding my moral character and reputation and to solicit and obtain any other information the organization deems is necessary to determine my eligibility for volunteering or for the purposes of confirming the accuracy and completeness of any information I have provided to the organization. I hereby release, indemnify, and hold harmless LRGHealthcare and any former employers/affiliates from any and all liability based on its authorized receipt, disclosure and use of the information gathered in the processing of my application.

I understand this application does not constitute an employment contract of any kind at LRGHealthcare. I understand that this application does not constitute a guarantee of volunteer service assignment of any kind at LRGHealthcare. Should I be assigned to volunteer service at LRGHealthcare, I may resign from such service at my discretion, with or without prior notice and LRGHealthcare may terminate my volunteer service at their discretion, with or without cause and with or without prior notice.

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission of information on this application may preclude an offer to volunteer, or may result in a withdrawal of an offer, or may result in my discharge from volunteer service if I am already assigned at the time the misrepresentation or omission is discovered.

Signature of Applicant: _____ Date: ____/____/____

LRGHEALTHCARE is dedicated to a policy of nondiscrimination in employment or volunteer opportunities. All decisions are made without regard to race, religion, sex, age, national origin, marital status or veteran, physical or mental disability, sexual orientation or any other status protected by law.

**LRGHealthcare
VOLUNTEER SERVICES
Volunteer Interests Form**

Name of Applicant: _____

How did you become interested in our volunteer program?

If referred, name of referral: _____

Why do you want to volunteer at LRGHealthcare?

Schedule Information

Hours and days available to volunteer (check all that would apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8 - 12							
Afternoon 12 - 4							
Evening 4 - 8							

Please give any other information you feel would be pertinent to your application:

Are there any work conditions or activities you wish to avoid?

Help us to assign you by checking off areas of interest and qualities that best describe you. (This is no time to be humble!!)

Clerical Responsibilities:

- Filing
- Mailings (collating/stuffing/labels)
- Photocopying/Faxing
- Maintain statistical records/assist with billing/bookkeeping

Computer:

- Data entry
- Excel
- Word processing
- Other: (Be specific) _____

Patient Related Responsibilities:

- Assist with activities
- Provide one to one companionship

- Transport
- Make deliveries to rooms
- Greet visitors/patients
- Inventory/stock supplies/shelves
- Provide courier services (run errands/specimens, etc. for staff)
- Other: (Be specific) _____
- Provide escort services (Patients)
- Prepare patient charts
- Fold linens/make beds

Specific Areas of Interest:

- Physical/Occupational Therapy
- Environmental Services
- Mail Room
- Laboratory
- Food & Nutrition
- Stock Room
- Human Resources
- Patient Accounts

Personal Qualities/Skills:

- Interpersonal Skills
- Detailed oriented
- Customer service oriented
- Ability to work with minimal supervision
- Speak a language other than English (Which one(s)) _____
- Crafts
- Other (Be specific) _____
- Organizational Skills
- Telephone skills
- Self- motivated

I prefer: Quiet environment or Active environment
 Working with people or Working with paper/machines etc.

Other:

- I would like to learn how to give tours of the hospital to groups of children
- I would be willing to be called for short-term clerical assignments

Off-site Locations:

- LRGH
- Healthlink – Downtown Laconia
- FRH
- Hillside – Rte. 11, Gilford

Additional Skills/Comments:

The above information is accurate and correct to the best of my knowledge.

Signature _____ Date _____

Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.



Volunteer Reference Form

*(Reference must be someone who is 21 years or older,
has known you for more than a year and is **not a relative.**)*

Applicant's Name _____

Name of Reference _____ Phone # _____

In what capacity do you know applicant? _____

How long have you known applicant? _____

Please evaluate the applicant by rating the following qualities/skills according to the scale where
1 = outstanding, 2 = satisfactory, 3 = unsatisfactory, 4 = do not know

- | | |
|-----------------------------------|------------------------------------|
| _____ Interpersonal skills | _____ Dependability |
| _____ Judgment | _____ Initiative |
| _____ Cooperation | _____ Adaptation to new situations |
| _____ Takes pride in his/her work | _____ Communication skills |
| _____ Responsibility | _____ Honesty |

Additional comments/concerns:

I recommend this applicant with _____ no _____ some _____ a lot of reservations.

Completed by: _____ Date: _____

Thank You!

**Please return to Volunteer Services, LRGHealthcare, 80 Highland Street,
Laconia, NH 03246 Fax 603-527-7102**

Volunteer Reference

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_____ Dependability

_____ Judgment

_____ Initiative

_____ Cooperation

_____ Adaptation to new situations

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_____ Honesty

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Thank You!

**Please return to Volunteer Services, LRGHealthcare, 80 Highland Street,
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**Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization**

I understand that, in connection with my application for employment or at any time during my employment, **LRG Healthcare** may conduct a background investigation on me for employment purposes.

I understand LRG Healthcare may utilize PT Research, Inc., a consumer-reporting agency, to prepare a consumer report or investigative consumer report, as defined under the Fair Credit Reporting Act (15 U.S.C. § 1681, *et seq.*), in connection with the background investigation. A "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing my eligibility for employment purposes. An "investigative consumer report" means a consumer report or portion thereof in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge concerning any such items of information. Information for a consumer report and/or investigative consumer report may be retrieved from several sources, including but not limited to public records, educational institutions, financial institutions, law enforcement and other government agencies, credit bureaus, and personal interviews with my current and former employers, friends, neighbors and associates. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, and criminal history records consistent with federal and state law. I understand that this information may be transmitted electronically and I authorize such transmission.

I further acknowledge that I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" which is attached to this Authorization. In the event an investigative consumer report is prepared, I understand that I may submit a written request for additional disclosures regarding the nature and scope of the investigation requested as well as a summary of my rights under the FCRA.

If information from a consumer report or an investigative consumer report is used in whole or in part in making an *adverse decision* concerning my employment or application for employment, before making the adverse decision LRG Healthcare will provide me with a copy of the consumer report or investigative consumer report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand that if I disagree with the accuracy of any information contained in the report, I must notify LRG Healthcare within 10 days of my receipt of the report.

AUTHORIZATION

I hereby authorize LRG Healthcare to obtain a consumer report and/or an investigative report about me. If I am hired by LRG Healthcare, this authorization shall remain on file and shall serve as an ongoing authorization for LRG Healthcare to procure consumer reports and/or investigative consumer reports at any time during my employment. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

Signature

Date

I, _____, hereby authorize, without reservation, PT Research and any party or agency contacted by PT Research, to furnish the above information. I further release and forever discharge LRG Healthcare, PT Research, and any person/entity from which they obtained information from any liability resulting from providing such information.

I understand that this information will be transmitted electronically and authorize such transmission. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and that if employed by LRG Healthcare this authorization will remain in effect throughout my employment.

Signature Social Security Number Date

Last Name First Name Middle Name

Street Address City State ZIP

Driver's License Number State of License Expires On Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.

Are you applying for employment in CALIFORNIA*, MINNESOTA, or OKLAHOMA? Yes No
If so, would you like to request a copy of any report prepared on you? Yes No

***CALIFORNIA APPLICANTS:** Under California law, the reports ordered about you for employment purposes within the State of California are defined as "Investigative Consumer Reports." These reports may contain information on your character, general reputation, personal characteristics, and/or mode of living. Under California Civil Code §1786.22, you may view the report(s) maintained at the CRA during normal business hours. You may also obtain a copy by submitting proper identification and paying the cost of duplication by appearing at the CRA in person, by mail, or by telephone. The CRA is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification

NEW YORK and MAINE APPLICANTS: You have the right, upon written request, to be notified whether a consumer report was requested about you by the above-named company.

NEW YORK APPLICANTS: Should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

_____ Please initial here to acknowledge receipt of Article 23-A of the New York Correction Law.



State of New Hampshire Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

CONSUMER REPORTING AGENCY

CRIMINAL HISTORY RECORD INFORMATION REQUEST FORM

RSA 106-B:14 I (e)

A consumer reporting agency subject to and complying with the requirements of 15 U.S.C. Section 1681, et seq., conducting employment screening services, including the screening of independent contractors, may request and receive a copy of the state criminal conviction record for a felony, misdemeanor, or violation of a candidate being screened for employment purposes or as an independent contractor.

IDENTITY OF APPLICANT CHRI REQUEST (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

THIRD PARTY CONSUMER REPORTING AGENCY RECIPIENT

Name PT Research, Inc.

Address P.O. Box 4540 City Manchester State NH Zip 03108

Date _____

Pursuant to RSA 641:13, the above-named Consumer Reporting Agency has complied with the requirements of 15 U.S.C. section 1681, et seq. on the above-named applicant.

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual. RSA 106-B:14 I-a.(d) Criminal conviction records received from the division shall be the official source of certified criminal conviction history records for employment and licensing purposes.

To prevent a delay in processing, I have enclosed a self-addressed envelope.

Prepaid Acc't Number _____

A \$25.00 fee is required for each request. Make checks payable to: State of NH - Criminal Records.

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to: (***This portion must be filled out in order to be processed.***)

Employer Name: LRGHealthcare-Volunteer Services

Mailing Address: 80 Highland Street

City/State/Zip: Laconia, NH 03246

Telephone: 603-737-6720

Fax: 603-737-6725

For Official Use Only

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City/State/Zip: _____

Telephone: _____ Gender: Female Male

Also known by the following names (Maiden Name, etc.):

Last Name _____ First Name: _____ Middle Initial: _____

Last Name _____ First Name: _____ Middle Initial: _____

Date of Birth: Month ____ Day ____ Year ____ Social Security #: _____
(Required) (Optional)

Position: _____ Select one: Applying Current Position
 employee consultant volunteer vendor other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature _____ Date _____

Witness Signature _____ Date _____
(REQUIRED)

Fax to: (603) 271-6875 or Email BEASStateRegistry@dhhs.state.nh.us

**Or Mail to: BEAS State Registry, Concord District Office, 40 Terrill Park Drive,
Concord, NH 03301-3857**

*This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49.