

**APPLICATION FOR VOLUNTEER
NEA BAPTIST MEMORIAL HOSPITAL
JONESBORO, ARKANSAS
870.936.1065**

DATE:

NAME:		
PHONE NUMBER:		

STREET ADDRESS

CITY, STATE, ZIP CODE

MAILING ADDRESS:

BIRTHDAY:

MM/DD/YYYY

If Married, Name of Spouse:

Contact Person in case of emergency or illness on duty:

NAME:

RELATIONSHIP:

PHONE:

PREVIOUS VOLUNTEER

Name & Location:

Describe any special skills you would like to use in your volunteer work:

List names of friends or relatives who volunteer or are employed at the hospital:

SCHEDULING PREFERENCES: Please Circle Preferred Days:

Monday

Tuesday

Wednesday

Thursday

Friday

Preferred Time to Work:

AM:

PM:

What Hours?

Are there certain days that you are not available?

REFERENCES:

Name:

Phone:

Name:

Phone:

Please return completed application to:

NEA Baptist Memorial Hospital
Attn: Auxiliary President
4800 E. Johnson Ave.
Jonesboro, AR 72405

Or Drop off at the NEA Baptist Gift Shop located in the lobby of the hospital. Applications can also be e-mailed to: <mailto:neaauxiliary@yahoo.com>

Looking forward to having you join us!

Authorization for Release of Information

I hereby authorize Baptist, its agents, and/or any consumer reporting agency it might use to make an independent investigation of my background, prior employment, references, credit history, driving history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application or otherwise provided by me in the hiring process and/or obtaining other information which may be material to my qualifications for employment.

I further authorize all past or present employers, educational institutions, law enforcement and governmental agencies, military services, and personal references to give Baptist information concerning me, whether or not such information is contained on a written record, and consent to the release of personal information to Baptist, including but not limited to, information regarding my work record, police and court record, school record, character and general reputation.

I hereby release Baptist and its employees, officers and agents as well as any of its affiliated corporations and/or entities and its employees, officers and agents from any liability associated with the processing of this application. Further, I fully release any persons, corporations or other entities and their employees, officers and agents that provide information to Baptist any of its affiliated corporations and/or entities for use in processing this application.

Employment Process Consent Form

I understand that Baptist does not always hire everyone who applies. Baptist does not always make hiring decisions instantly. Depending on several factors, hiring decisions may take several days or weeks.

Baptist DOES NOT DISCUSS ITS HIRING DECISIONS WITH APPLICANTS except where required by the Fair Credit Reporting Act or the Americans With Disabilities Act, or otherwise by law. Applicants are required to successfully complete all aspects of the employment process and all offers of employment are contingent upon successful completion of this process.

<input checked="" type="checkbox"/> Full Name		
<input checked="" type="checkbox"/> Other names by which you have been known		
Other First name	Other last name	
Other First name	Other last name	
Other First name	Other last name	
<input checked="" type="checkbox"/> Social Security Number	<input checked="" type="checkbox"/> Date of Birth	
<input checked="" type="checkbox"/> Driver's License	<input checked="" type="checkbox"/> State	
<input checked="" type="checkbox"/> Current Address:		
<input checked="" type="checkbox"/> Current City	<input checked="" type="checkbox"/> State	<input checked="" type="checkbox"/> ZIP
<input checked="" type="checkbox"/> How long have you resided at your current address?		
<input checked="" type="checkbox"/> Please list any and all cities and states you have lived		
City		State
City		State
City		State
City		State
City		State
City		State
City		State

I AUTHORIZE THE RELEASE OF INFORMATION AS SET FORTH ABOVE AND CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date: I accept

(Checking the box above is equivalent to a handwritten signature)



**FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION STATEMENT**

Baptist Memorial Health Care Corporation, (“the Company” or “BMHCC”) when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” or an “investigative consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. As an applicant for employment or employee of the Company, you are a “consumer” with rights under the FCRA. Your rights under the FCRA are summarized in “A Summary of Your Rights Under the Fair Credit Reporting Act” which you may access by clicking on the link provided in the email received with this attached form.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes. An “investigative consumer report” is a “consumer report” or portion of a “consumer report” in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews.

If the Company obtains a “consumer report” or “investigative consumer report” about you, and if the Company considers any information in the “consumer report” or “investigative consumer report” when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.” For *California, Minnesota, and Oklahoma applicants only*, please check the box if you would like to receive a copy of the consumer report if one is obtained by the company.

By electronically signing below, you acknowledge that you have been provided information which describes your rights under the FCRA in this Disclosure and Authorization Statement and through the access provided to view or obtain a copy of A Summary of Your Rights Under the Fair Credit Reporting Act. Your electronic signature also authorize BMHCC or its agents to obtain “consumer reports” or “investigative consumer reports” about you from a “consumer reporting agency” and to consider these reports when making a decision regarding your employment or prospective employment at BMHCC.

✓ First
Name

✓ Last Name

✓ Signature

✓ Date

(Signing electronically is equivalent to a handwritten signature.)