



Healthier You. Healthier Communities.

Volunteer Application

Instructions: Please complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. Be sure to sign and date the application.

Name: _____ Social Security # _____

Address: _____

City/State/Zip: _____ Phone: () _____

E-mail address _____ Cell Phone Number: _____

What date are you available to begin volunteering? _____

Are you 18 years old or older? Yes No

**If not, a copy of photo identification and a letter from parent or guardian giving their permission to volunteer with Unity Health Care, Inc. is required with application.*

Have you ever been employed at Unity Health Care? Yes No

If yes, please tell us what year and what position. From _____ To _____

Position Held: _____

Have you ever volunteered at Unity Health Care before? Yes No

If yes, please tell us what year and what position. From _____ To _____

Position Held: _____

Educational Background (Optional)

School	Name and Location of School	Course of Study	Graduate?	Degree or Diploma
High School				
College				
Graduate School				
Vocational/ Other				

Membership in professional or civic organizations (exclude those which may disclose your race, color, religion or national origin.)

Volunteer Experience

Volunteer Organization	Address & Phone Number	Phone Number	Supervisor Name	Volunteer Title	List Volunteer Duties
1.					
2.					
3.					



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Employment Experience

Volunteer Organization	Address & Phone Number	Phone Number	Supervisor Name	Volunteer Title	List Volunteer Duties
1.					
2.					
3.					

Additional Information:

Below is a general list of volunteer opportunities. Please mark ALL areas in which you are willing to volunteer.

Greeters

- directing patients and help with patient flow at the site

Administrative

- assisting with transportation and other resources for patients
- answering phones (no registration)
- courtesy calls (reminders, no-shows and cancellations; no registration)

Non-Medical Student Intern

- includes all administrative needs
- resource gathering
- in various fields (i.e. Social Work, Public Health or Health Care Administration)

Health Education

- distributing pamphlets
- educational presentations/workshops in waiting room
- in-clinic outreach
- assist with client surveys/questionnaires

Clinical Aesthetics

- creative crafts to beautify clinic atmosphere
- arranging display boards

Health Fairs

- Assist with organizing and attending Community Health Fairs in the District of Columbia

Reach Out and Read

- Reading to children in the waiting rooms or play rooms
- Modeling good reading behaviors for parents
- Help identify age-appropriate books for children

To aide in volunteer placement please indicate any additional information that would be of special benefit in the volunteer position for which you are applying. (i.e. language(s), carpentry, computers etc.)



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In the chart below indicate the hours available during the week (i.e. 2pm to 4pm on Wed. or once monthly)?

Position Title	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Greeter								
Administrative								
Non-Medical Student Intern								
Health Education								
Clinical Aesthetics								
Health Fairs								
Reach Out and Read								
Other								

Do you have a driver's license? Yes No

State/License #: _____

Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? Yes No

Note: No applicant will be denied a volunteer experience based solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the volunteer position(s) applied for may, however, be considered.

If yes, please explain:

Applicant's Signature

Date



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Unity Health Care, Inc.
Consumer Notification

Please be advised that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for an **internship** or **volunteer** opportunity at Unity Health Care, Inc.

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment/professional license or credentials; or criminal/civil/driving record history. I fully give my consent to and understand that you, Unity Health Care, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph.

II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

III. **Minnesota/California/ Oklahoma applicants only.** If you want a copy of the report ordered, check this box **O**. California Residents must complete additional documentation. (The report will be sent to you at the address listed below.

IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer contacted by HireRight, Inc. on behalf of Unity Health Care, Inc. to furnish the information described in Section I.

V. I have received a stand-alone consumer notification advising me that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating me for an internship or volunteer opportunity at Unity Health Care, Inc.

VOLUNTEER COMPLETE THE FOLLOWING:

Please print full name (First, Middle, Last)

Signature and Date

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth (mm/dd/yyyy)

Social Security Number

Current Home Address

City State Zip Code

Phone Number

Email Address

Driver's License # and State

Residential History for the Last 7 Years

Address City State Zip Code

Address City State Zip Code

FAIR CREDIT REPORTING ACT NOTICE:
In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), revised effective September 30, 1997, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to



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assure accuracy, HireRight, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. HireRight, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures HireRight, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA, revised effective September 30, 1997**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the applicant/employee contact HireRight, Inc.

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**A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- D **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- D **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - D a person has taken adverse action against you because of information in your credit report;
 - D you are the victim of identity theft and place a fraud alert in your file;
 - D your file contains inaccurate information as a result of fraud;
 - D you are on public assistance;
 - D you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- D **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- D **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- D **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.
- D **Consumer reporting agencies may not report outdated negative information.** In most cases, a

consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- D **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- D **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- D **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- D **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- D **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051