

UAB MEDICINE

UAB Hospital, UAB Highlands, The Kirklin Clinic, & Callahan Eye Hospital Adult and College Volunteer Application

Name: _____
Last First Title

Address: _____
Street City State Zip

Contact Info: _____
Home Phone Cell Phone E-mail

Work: _____
Organization/Company Title Phone

DOB: _____ Gender: _____

Type: Adult (over 18; Not currently enrolled in college or graduate school) or College (currently enrolled)

Adults: may we publish your contact info/birthday in the Auxiliary Directory: Y N

Education

	NAME	DATES ATTENDED	DIPLOMA/DEGREE/MAJOR
HIGH SCHOOL			
COLLEGE/ UNIVERSITY			
OTHER			

Work / Volunteer History

DATES OF WORK/VOLUNTEER	ORGANIZATION NAME	CITY, STATE	PHONE	REASON FOR LEAVING

Skills & Experience – Let us know a little more about you to help find the perfect volunteer placement for you.

Computer Skills: Advanced Intermediate Basic None

Foreign Languages: _____

Which tasks can you perform?

- | | | |
|--|--|--|
| <input type="checkbox"/> Ability to stand for long periods | <input type="checkbox"/> Bend / Squat repeatedly | <input type="checkbox"/> Interaction with patients |
| <input type="checkbox"/> Answering telephones | <input type="checkbox"/> Escort patients / pushing wheelchair | <input type="checkbox"/> Maintain cleanliness of an area |
| <input type="checkbox"/> Assemble charts or materials | <input type="checkbox"/> Filing / Data management | <input type="checkbox"/> Reading to patients |
| <input type="checkbox"/> Assist with feeding patients | <input type="checkbox"/> Greet and talk with patients / visitors | <input type="checkbox"/> Walking moderate distances |
| <input type="checkbox"/> Basic office equipment | <input type="checkbox"/> Hands on activities | |

Past Experience In:

- | | | |
|---|--|---|
| <input type="checkbox"/> Clowning College | <input type="checkbox"/> CPR Certification | <input type="checkbox"/> Desktop Publishing / Newsletters |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Financial Skills / Accounting | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Health Care Certifications / License | <input type="checkbox"/> Leadership Position | <input type="checkbox"/> Marketing / Public Relations |
| <input type="checkbox"/> Music | <input type="checkbox"/> Professional Photography | |

Placement Information – UAB Volunteers may be placed at UAB Hospital, UAB Highlands, The Kirklin Clinic, or Callahan Eye Hospital. Please check the boxes next to your areas of interest and/or write in any desired placement areas into the appropriate field. Volunteer Services Staff will use your skills, experience, interest, and availability to find a placement for each volunteer.

Areas you would like to volunteer in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Reading to Patients |
| <input type="checkbox"/> Breast Health Clinic | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Red Cross |
| <input type="checkbox"/> Cancer Related | <input type="checkbox"/> Non-Patient Care Areas | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Clowning / Bingo | <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Waiting Rooms |
| <input type="checkbox"/> Feeding Assistance | <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Wayfinding |
| | <input type="checkbox"/> Patient Care Areas | |

Other: _____

Availability – Please indicate the days and times you are available to volunteer. Please note that we will ask all adults to commit to one (1) four-hour shift each week, with a commitment of at least six months. College students must give a minimum of one (1) four-hour shift each week, with a commitment of at least one full semester.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Expected Start Date: _____

Miscellaneous

Why do you want to be a volunteer with UAB Medicine? _____

Have you ever worked or volunteered for UAB Health System before? Y N

How did you hear about our Volunteer Program?

- | | | |
|---|---|---|
| <input type="checkbox"/> Employee/Visitor | <input type="checkbox"/> Saw a Volunteer | <input type="checkbox"/> Social Group/Professional Organization |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> School Advisor/Counselor | <input type="checkbox"/> Website |
| <input type="checkbox"/> Mass Media | <input type="checkbox"/> Self Referral | <input type="checkbox"/> Other |
| <input type="checkbox"/> Place of Worship | | |

Please list two individuals unrelated to you as references:

1. _____
 Name Phone Relationship

2. _____
 Name Phone Relationship

Medical History

Who may we contact in case of an emergency or illness (please list two):

1. _____
 Name Home, Work, and/or Mobile Phone Relation

2. _____
 Name Home, Work, and/or Mobile Phone Relation

Personal Health Information – Please list any medications or food to which you’re allergic. Please list any pertinent medical conditions you may have. Also, let us know if you have ever had a positive TB Skin Test or received the BCG vaccine that shows false positive TB Skin Tests. You may also fully describe any special accommodations you require. Please note that all applicants will be required to have a negative TB Skin Test prior to volunteering

Certification by Applicant

I certify that the information given on this application and any other supporting documentation is true and correct and hereby grant UAB Medicine permission to verify such answers. I understand that any false statement on this application will constitute sufficient grounds for the rejection of this application and/or termination of my volunteer status. I pledge to uphold and adhere to the rules and policies of volunteering with UAB Medicine, the Guidelines of UAB Volunteer Services, and the Policies and Procedures herein.

UAB Medicine recommends that all volunteers maintain personal health insurance. Volunteers are not eligible for the On the Job Injury/Illness (OJI) benefits that are provided to UAB Medicine employees to cover expenses in the event of an injury or illness that may occur while providing volunteer services at UAB. If a volunteer chooses not to carry health insurance, a signature below indicates that volunteer understands that he/she is not eligible for OJI benefits and accepts full financial responsibility for any costs incurred for medical care necessary to treat accident, illness or injury sustained as a result of volunteering for UAB Medicine.

I acknowledge by checking the box below that I have read and understand these statements, and that I take financial responsibility for my own health care.

_____ Signature _____ Date

UAB Medicine Volunteer Services

Contact Information
Website: www.uabmedicine.org/volunteer
Phone: 205.934.4270 / Fax: 205.934.3222
E-mail: volunteerservices@uabmc.edu

Mailing Address: Volunteer Services
619 19th Street South
Spain Wallace W102
Birmingham, AL 35249

Physical Address: Volunteer Office
620 19th Street South
Spain Wallace W102
Birmingham, AL 35249

For Office Use Only:

Date App. Received: _____ Received by: _____ Orientation Date: _____ Orientation Completed by: _____

Type of Volunteer: Adult _____ College _____ Flags (if any) _____

Volunteer Placement(s)/Day(s)/Time(s): _____

PRE-EMPLOYMENT/VOLUNTEER SERVICE INQUIRY CONSENT AND RELEASE FORM

UAB MEDICINE HOSPITAL VOLUNTEERS:

**By completing this form you are giving UAB permission to check your criminal background history.
We do NOT run a credit report on any volunteer.**

I understand that, in connection with my application for employment/volunteer service with The University of Alabama at Birmingham or The UAB Health System and its entities, there will be an investigation and certain inquiries made about my background, including but not limited to, the preparation of a consumer credit report by a credit reporting agency, and information about my character, work habits, job performance and professional experience from any past employers. My past employers will also be asked to confirm the reason for my separation from their employment. I understand that if an adverse action is taken against me as a result of information obtained from a credit reporting agency, I will be provided a "Summary of your Rights Under the Fair Credit Reporting Act" and a copy of the consumer report. The University of Alabama at Birmingham nor The UAB Health system and its entities will not use information obtained from credit report in a manner that would violate any federal or state equal opportunity law otherwise in a manner inconsistent with the Federal Fair Credit Reporting Act. I also understand that The University of Alabama at Birmingham and The UAB Health System and its entities will receive reports from various federal, state and local agencies, including but not limited to, my driving record, criminal history (including pleas and convictions), sex offender status and civil litigation history. The University of Alabama at Birmingham and the UAB Health System and its entities may also receive information from insurance companies regarding my claims history with those companies. The University of Alabama at Birmingham and the UAB Health System and its entities will verify GED, diplomas, degrees, professional certifications and licensure reported as having been awarded.

I hereby authorized The University of Alabama at Birmingham/The UAB Health System and its entities, its employees, agents and other authorized representatives to seek such information in connection with my application for employment. Further I hereby authorize, without reservation, any party, person, entity or agency contracted by The University of Alabama at Birmingham/The UAB Health Systems and its entities in connection with my application for employment/volunteer service to provide The University of Alabama at Birmingham/The UAB Health System and its entities such information concerning my background, character, employment history, and other matters set forth. In the request as it may then have in its possessions, The University of Alabama at Birmingham/The UAB Health System and its entities may recheck information during my employment/volunteer service, as it pertains to my job/volunteer requirements, such as driving record. I hereby release The University of Alabama at Birmingham/The UAB Health System and its entities; its employees, agents and other authorized representatives from any and all liability resulting from any pre-employment inquires made by The University of Alabama at Birmingham/The UAB Health System and its entities.

Criminal History

If you have ever been convicted of any crimes (felony or misdemeanor including DUI) other than routine traffic citations, please list each offense, the date of conviction, and the city, county, and state where convicted. This must include convictions for healthcare crimes. If this does not apply to you please put "NA" (not applicable) in the first block and sign below.

*** = required filed**

*Requisition No.	<input type="text"/>
*Criminal History Type of Offense	<input type="text"/>
Date of Conviction(s)	<input type="text"/>
City/County/State of Conviction(s)	<input type="text"/>
*Criminal History Type of Offense	<input type="text"/>
Date of Conviction(s)	<input type="text"/>
City/County/State of Conviction(s)	<input type="text"/>

NOTE: Conviction of a felony or misdemeanor does not automatically disqualify you from employment. However, failure to disclose a conviction may disqualify you from consideration from employment or may result in termination without notice.

Moving Traffic Citations

Please list all moving traffic violations, **received within three years** from the date of this application.

If this does not apply to you, please put "NA" (not applicable) in the first block and sign below

*Moving Traffic
Citations - Type of
Offense

Date of Conviction(s)

City/County/State of
Conviction(s)

*Moving Traffic
Citations - Type of
Offense

Date of Conviction(s)

City/County/State of
Conviction(s)

*Moving Traffic
Citations - Type of
Offense

Date of Conviction(s)

City/County/State of
Conviction(s)

Governmental Program(s) and Professional License(s)

Have you ever been sanctioned, suspended or barred from participation in any federal or state government programs, including, but not limited to, the Medicare, Medicaid, and CHAMPUS programs?

Y N

If yes, please explain:

Have you ever had a professional, license denied suspended or revoked, placed on probation, or limited in any manner?

Y N

If yes, please explain:

Demographic Information

*Applicant First
Name

*Applicant Last
Name

*Maiden Name or
Other Name(s)
Used

*Present Address
(Permanent)

*City/State/Zip
Code

*How long at this
address?

Former Address
(If lived at Present
address less than
7 years)

City/State/Zip

How long at this
address?

*Date of Birth

*Social Security
Number

*Driver's License
Number

*State of Issue

Expiration Date

*Signature

*Date of Signature

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, D.C. 20580.

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.

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: a person has taken adverse action against you because of information in your credit report; you are the victim of identity theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud; you are on public assistance; 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.

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.

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.

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 reporting agency may continue to report information it has verified as accurate.

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.

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.

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.

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 1-888-5-OPTOUT (1-888-567-8688).

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.

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:

For questions or concerns regarding	Please contact
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
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 Programs Washington D.C. 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 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC

UAB MEDICINE

Volunteer Services

Applications can be:

Emailed to volunteerservices@uabmc.edu, or

Faxed to 205-934-3222, or

Mailed to Volunteer Services

Spain Wallace W 102

619 19th Street South

Birmingham, AL 35249, or

Hand Delivered to Spain Wallace W 102

DIRECTIONS FOR VOLUNTEER SERVICES ORIENTATION **Spain Wallace Building, W102**

- Park in the 4th Avenue Deck, which is located between 18th and 19th Streets South, on 4th Avenue South.
- **Remember to bring your parking ticket in with you from the car.**
- You will enter the building on the 2nd Floor crosswalk.
- Stay on the 2nd Floor crosswalk and you'll cross the first street (5th Avenue), and walk all the way through the North Pavilion, and across another street (6th Avenue.)
- You'll be following the signs towards the West Pavilion.
- The hallway jogs left then right. Just do this and you'll stay on the main hallway.
- You'll come to a busy intersection and the Hospital Laboratory doors are directly in front of you. Turn LEFT here.
- You have just entered Spain Wallace Building.
- Take the elevator down to the first floor.
- If you are facing away from the sliding doors, you'll turn right down the hallway.
- **Volunteer Services is in room W102 (the first door on your left). We are across the big hall from the Cashier's office.**
- If you get turned around at this point, there is an Information Desk right here. They can point you in the right direction.

If you get lost anywhere in the hospital, don't hesitate to ask an employee to help you get to Spain Wallace, or call our office at 934-4270.