

# BAPTIST HEALTH CARE VOLUNTEER APPLICATION

*Baptist Health Care is an Equal Opportunity Employer and a Drug-Free Workplace*

Applicants must complete both **Part I Pre-Application** and **Part II Application** to be considered for volunteering. Incomplete applications will not be accepted. It is very important to answer every question completely and honestly. Applications will only be valid for 60 days and after that time must be resubmitted.

## PART I – PRE-APPLICATION

- ✓ Complete **Background and Criminal History**
- ✓ **Check** Questions
- ✓ Read and Agree to the following Applicant Statements:
  - **Applicant Certification**
  - **Authorization to Seek and Give References**
  - **Code of Conduct Summary**

### **BACKGROUND AND CRIMINAL HISTORY CHECK**

Baptist Health Care conducts background screenings, including criminal histories.

**You MUST answer the following questions completely and truthfully.** A “YES” answer to these questions will not automatically bar you from volunteering. The nature, job relatedness, severity, and date of the criminal offense(s) and/or intentional torts in relation to the position for which you are applying will be considered. However, failure to answer the questions in this **application truthfully and completely may result in your disqualification from consideration for volunteering or discharge from volunteering if you are accepted.**

Please note that criminal offenses in your criminal history or intentional torts do not “disappear” from your record after any certain amount of time, and thus you must disclose all offenses and intentional torts in this application **regardless of how long ago the offense occurred.** If you have any questions, please ask to speak to a human resources manager.

1. Have you **EVER in your life** pled guilty to any crime or criminal offense, had adjudication of guilt withheld for any crime or criminal offense, OR been convicted, fined or sentenced, placed on probation, incarcerated, placed on house detention (sometimes called “house arrest”), assessed any costs of criminal court or had any other criminal penalty imposed upon you?

YES

NO

#### **If No, Go To #2**

- 1A. If the answer to Question 1 above is YES, please identify, explain and give details about the type(s) and circumstances of the crimes(s) or criminal offense(s) or matters related to Question 1 above:

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- 1B. For each crime or criminal offense or matter identified above, please identify:

- a. The dates of the crime, conviction, plea and/or adjudication of guilt withheld AND
- b. The penalty(ies), sentence, or disposition(s) imposed for each crime or criminal offense or matter.

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## Background and Criminal History Check – Continued

1C. For each crime or criminal offense or matter identified above, please identify the State and location in which each crime or criminal offense or matter occurred:

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2. Have you **EVER in your life** been a defendant or been sued in a civil action or lawsuit for an intentional tort (or an intentional civil wrong, such as, for example, trespass, civil theft, battery, assault, false arrest or imprisonment, employment discrimination or harassment, civil rights violations, slander, libel, fraud or deceptive trade practices)?

YES

NO

**If NO, Go to #3**

2A. If the answer to Question 2 is YES, please identify, explain, and give details about the type or nature of each intentional tort claimed against you and circumstances of that claim alleged against you:

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2B. For each intentional tort identified above, please:

- a. Identify the dates of the civil action or lawsuit.
  - b. Describe and explain the final disposition or end result of each civil action or lawsuit,  
AND
  - c. Identify the date of that final disposition or end result.
- 

3. Are you currently on probation for a crime, criminal proceeding or have you been off probation **LESS** than one year?

YES

NO

**If YES** – Unfortunately, our Employment policy is that an applicant must be out of the criminal probation system for at least one year prior to be considered for employment. Since you do not meet these criteria, you are not eligible to be considered for employment at this time. Thank you for your interest in Baptist Health Care.

Remember that failure to report accurately, truthfully and completely the information requested above may result in your being disqualified from consideration for employment/volunteering or discharged from employment/volunteering if you are hired. If you have any questions, please ask to speak with a human resources manager.

### **READ EACH STATEMENT CAREFULLY BEFORE COMPLETING:**

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#### **APPLICANT CERTIFICATION**

I hereby certify that the information given by me in this application – both Part I and Part II, and during the interview process is true and complete in all respects to the best of my knowledge. I understand that all information on this application is subject to verification, and I agree that if the information is found to be **UNTRUE OR MISLEADING IN ANY RESPECT, I WILL BE DISQUALIFIED FROM CONSIDERATION FOR VOLUNTEERING OR IF VOLUNTEERING SUBJECT TO IMMEDIATE DISCHARGE.**

\_\_\_\_\_ Initials – by initialing I signify that I have read, understand and agree with the **Applicant Certification** statement above.

#### **AUTHORIZATION TO SEEK AND GIVE REFERENCES**

I hereby authorize Baptist Health Care “BHC” to seek references from previous employers or friends listed on this form. I authorize the references and previous employers listed to give BHC all information and facts concerning me and my previous employment. I will not hold them responsible for any action or lack of action that may be taken by others on the information provided. I understand that the information provided to BHC may not be disclosed to me and I waive my right of access to this information.

\_\_\_\_\_ Initials – by initialing, I signify that I have read, understand and agree to the **Authorization to Seek and Give References** statement above.

## CODE OF CONDUCT SUMMARY

**PURPOSE:** This code of conduct is intended to provide guidance and reflect behaviors consistent with laws and regulations and with our commitment to service.

Baptist Health Care will/is:

- **Committed to providing the highest quality of service by meeting the needs of our patients/clients/residents with utmost care and courtesy, and performing our duties in a responsible, reliable, appropriate and cost effective manner.** 1) Respect patients' dignity, comfort, convenience, and time. 2) Listen attentively. 3) Keep them informed of treatment alternatives and risk factors. 4) Make decisions based on clinical needs and medical necessity. 5) Provide equal access to care (non-discriminatory).
- **Operate in accordance with high legal, moral and ethical standards and with all applicable laws, regulations and standards.** 1) Not pay anyone for referral of patients. 2) Not tolerate false statements to government agency or other payer. 3) Not engage in any illegal business practices intended to influence the decisions of any external representative, including bribery, kickbacks, or payoffs.
- **Perform our duties on behalf of the company and patients in a truthful and loyal manner.** 1) Not accept gifts that cannot be shared such as food, unless specifically approved by my supervisor. 2) Not become involved for personal gain with competitor, patient or supplier. 3) Not place business with any company in which there is a family relationship or conflict of interest.
- **Operate in an environment wherein the health, safety, privacy and comfort of our patients and Team Members come first.** 1) Comply with all safety rules and regulations. 2) Support an alcohol and drug-free workplace.
- **Committed to reasonably protect, support and develop our staff to its fullest potential in a fair and equitable manner. Professional growth, career development and individual empowerment are actively encouraged and rewarded.** 1) Offer equal employment opportunity. 2) Maintain a work environment free from all forms of harassment, including offensive comments and jokes.
- **Protect against the loss, theft, destruction, inappropriate use and misuse of our assets and those of others entrusted to us, including physical property and proprietary information.** 1) Safeguard confidential patient information. 2) Care for all assets, property, equipment, and supplies that belong to Baptist Health Care.
- **Promptly report to management any transaction (billing and coding) that is not recorded in compliance with our policies and procedures.** 1) Ensure accurate bills for only services actually rendered and based on documented medical necessity. 2) Not tolerate submission of false or fraudulent claims.

\_\_\_\_ Initials – by initialing I signify that I have read and understand the **Code of Conduct Summary** statement.

### ELIGIBILITY TO PARTICIPATE IN FEDERALLY FUNDED HEALTH CARE PROGRAMS

If you have ever been listed by a Federal Government Agency as debarred, excluded or otherwise ineligible for participation in federally funded Health Care programs, you are NOT qualified to work for or contract with Baptist Health Care. Please check the appropriate box below:

- Yes, I have been listed or I am under investigation by a Federal Government Agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs.
- No, I have not been listed by a Federal Government Agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs. I agree to immediately disclose to the Company any debarment suspension, exclusion or other event that makes me ineligible to participate in any federally funded health care programs.

### CONSENT TO USE IMAGE OR LIKENESS

I also give my permission for the use of any photograph or likeness taken of me during my term of volunteering to be used in Baptist Health Care publications, including those used for internal communications and those intended to promote this organization to the general community.

### APPLICATION VALID FOR 60 DAYS

I acknowledge that this application will be valid for 60 days only and only for a Volunteer position.

I hereby certify that the information given by me in this application – both Part I and Part II, is true and complete in all respects to the best of my knowledge. By signing below, I signify that I have read, understand, and agree with ALL of the Application Statements.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART II  
APPLICATION FOR VOLUNTEER SERVICES**

**Baptist Health Care is an Equal Opportunity Employer and is a Drug-Free Workplace.**

TODAY'S DATE \_\_\_\_\_

Applicants must complete both Part I Pre-Application and Part II Application to be considered for volunteering. Incomplete applications will not be accepted. It is very important to answer every question completely and honestly. Application will only be valid for 60 days, and after that time, must be resubmitted.

|  |                                   |
|--|-----------------------------------|
| NAME (First, Middle, Maiden and Last)      | MAILING ADDRESS (Number & Street) |
| PREFERRED NAME                             | CITY, STATE, ZIP CODE             |
| NAME as it appears on Social Security Card | SOCIAL SECURITY NUMBER            |
| TELEPHONE                                  | CELL PHONE                        |
| EMAIL ADDRESS                              |                                   |

What are your work preferences? (Check all that apply)

Monday   
  Tuesday   
  Wednesday   
  Thursday   
  Friday  
 Morning (8am – 12pm)   
  Afternoon (12pm – 4pm)

Have you ever been Employed, served an Internship, Residency or Clinical Rotation (circle which)  
 With any facility of Baptist Health Care?     YES     NO

If yes, please indicate which facility: \_\_\_\_\_

Dates: \_\_\_\_\_

Do you have any relatives currently employed at any Baptist Health Care facility?

YES                       NO

Are you 14 years of age or older?

YES                       NO

**EMPLOYMENT HISTORY – Please provide Employment History beginning with your present and/or most recent.**

| DATE | COMPANY/ADDRESS | POSITION | REASON FOR LEAVING |
|------|-----------------|----------|--------------------|
|      |                 |          |                    |
|      |                 |          |                    |
|      |                 |          |                    |
|      |                 |          |                    |



# JUSTIFACTS STANDARD BACKGROUND CHECK WAIVER

## A Summary of Your Rights Under the Fair Credit Reporting Act

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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 FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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. For information about your federal rights, contact:

| TYPE OF BUSINESS:   | CONTACT:   |
|---|--|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>  | <p>a. Consumer Financial Protection Bureau<br/>1700 G Street, N.W.<br/>Washington, DC 20552</p> <p>b. Federal Trade Commission<br/>Consumer Response Center<br/>600 Pennsylvania Avenue, N.W.<br/>Washington, DC 20580<br/>(877) 382-4357</p>  |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member 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, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency<br/>Customer Assistance Group<br/>1301 McKinney Street, Suite 3450<br/>Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center<br/>P.O. Box 1200<br/>Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center<br/>1100 Walnut Street, Box #11<br/>Kansas City, MO 64106</p> <p>d. National Credit Union Administration<br/>Office of Consumer Financial Protection (OCFP)<br/>Division of Consumer Compliance Policy and Outreach<br/>1775 Duke Street<br/>Alexandria, VA 22314</p> |
| <p>3. Air carriers</p>  | <p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings<br/>Aviation Consumer Protection Division<br/>Department of Transportation<br/>1200 New Jersey Avenue, S.E.<br/>Washington, DC 20590</p>   |
| <p>4. Creditors Subject to the Surface Transportation Board</p>   | <p>Office of Proceedings, Surface Transportation Board<br/>Department of Transportation<br/>395 E Street, S.W.<br/>Washington, DC 20423</p>  |
| <p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>   | <p>Nearest Packers and Stockyards Administration area supervisor</p>   |
| <p>6. Small Business Investment Companies</p>   | <p>Associate Deputy Administrator for Capital Access<br/>United States Small Business Administration<br/>409 Third Street, S.W., Suite 8200<br/>Washington, DC 20416</p>   |
| <p>7. Brokers and Dealers</p>   | <p>Securities and Exchange Commission<br/>100 F Street, N.E.<br/>Washington, DC 20549</p>  |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>   | <p>Farm Credit Administration<br/>1501 Farm Credit Drive<br/>McLean, VA 22102-5090</p>   |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>  | <p>Federal Trade Commission<br/>Consumer Response Center<br/>600 Pennsylvania Avenue, N.W.<br/>Washington, DC 20580<br/>(877) 382-4357</p>   |

# Justifacts Standard Background Check Waiver

## Fair Credit Reporting Act Notification

Baptist Health Care (the "company") intends to obtain and use a consumer report or an investigative consumer report from Justifacts Credential Verification, Inc., an external consumer reporting agency for employment or volunteering purposes. These purposes may include but are not limited to:

- considering your application for employment or a volunteer position;
- making a decision whether to offer you employment or a volunteer position with the company;
- deciding whether to continue your employment , if you are hired by the company; or, your volunteer service;
- doing periodic rescreening of current Team Members or Volunteers, and/or;
- making any other employment decisions affecting you.

A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers. As an applicant, Team Member or Volunteer, you are considered a "consumer" under the Fair Credit Reporting Act.

A consumer report may include information about your character, general reputation, personal characteristics, or mode of living, which is used or collected for employment purposes. An investigative consumer report also involves personal interviews with sources such as employers, educators, etc.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the company obtains about you. You also have other rights under the Fair Credit Reporting Act, a summary of which is available at: <https://app.justifacts.com/pdfs/SummaryOfRightsUnderTheFCRA.pdf>

### ACKNOWLEDGMENT AND AUTHORIZATION

I hereby acknowledge receipt of this disclosure and that Baptist Health Care may obtain consumer reports and investigative consumer reports about me from a consumer reporting agency and that they may consider information in consumer reports and investigative consumer reports as part of their decision making process regarding any aspect of my application for employment and/or continued employment with the company including periodic rescreening of current Team Members. I also acknowledge that I have received a copy of the Summary of Rights under the Fair Credit Reporting Act.

By selecting **AGREE** below, I acknowledge that I am creating an electronic signature and that I understand it will be legally binding and enforceable as the legal equivalent of a handwritten signature.

**\*AGREE**\_\_\_\_ **DISAGREE**\_\_\_\_

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_



# JUSTIFACTS STANDARD BACKGROUND CHECK WAIVER

## State Specific Notices

### Notice to California Residents:

Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts (5250 Logan Ferry Rd., Murrysville PA 15626 – 800-356-6885, [www.justifacts.com](http://www.justifacts.com)), upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you to whom Justifacts has previously furnished within the three-year period preceding your request. Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows: (1) In-person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided. (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer. Justifacts shall provide trained personnel to explain to you any information furnished, including coded information. You are permitted to be accompanied by one other person of your choosing, who shall furnish reasonable identification. Justifacts may require you to furnish a written statement granting permission to Justifacts to discuss your file in such person's presence.

### Massachusetts Residents:

You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a copy of such report upon its completion.

### New York Residents:

You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company, whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. Upon furnishing you the name and address of the consumer reporting agency to whom the request was made, you shall also be informed of your right to inspect and receive a copy of such report by contacting that agency.

### Vermont Residents:

Per 9 V.S.A. §2480e. Consumer consent:

- a. A person shall not obtain the credit report of a consumer unless
  1. the report is obtained in response to the order of a court having jurisdiction to issue such an order, or
  2. the person has secured the consent of the consumer, and the report is used for the purpose consented to by the consumer.
- b. Credit reporting agencies shall adopt reasonable procedures to assure maximum possible compliance with subsection (a) of this section.
- c. Nothing in this section shall be construed to affect:
  1. the ability of a person who has secured the consent of the consumer pursuant to subdivision (a)(2) of this section to include his or her request to the consumer permission to also obtain credit reports, in connection with the same transaction or extension of credit, for the purpose of reviewing the account, increasing the credit line on the account, for the purpose of taking collection action on the account, or for other legitimate purposes associated with the account; and
  2. the use of credit information for the purpose of prescreening, as defined and permitted from time to time by the Federal Trade Commission. (Added 1991, No. 246 (Adj. Sess.), §1 . )

### Washington Residents:

You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. Additionally, you have certain rights and remedies under Washington law as summarized below:

#### A SUMMARY OF YOUR RIGHTS UNDER THE WASHINGTON FAIR CREDIT REPORTING ACT:

The Washington Fair Credit Reporting Act, located at Chapter 19.182 RCW, substantially parallels the federal Fair Credit Reporting Act and the rights and remedies set forth in the Federal Trade Commission's Summary of Rights, except that, effective July 22, 2007, the Washington State law imposes greater limitations on the reasons for which an employer may obtain a consumer report. Beginning July 22, 2008, an employer may not obtain a consumer report that indicates the consumer's credit worthiness, credit standing, or credit capacity, unless (1) the information is substantially job related and the employer's reasons for using the information are disclosed in writing, or (2) the information is required by law.

You may exercise your rights and remedies under this Act by contacting:

Washington State Attorney General's Office  
In State Toll-Free Number  
800-551-4636  
Out of State Number:  
206-464-6684  
Website: <http://atq.wa.gov/Default.aspx>

**\*AGREE\_\_\_\_\_DISAGREE\_\_\_\_\_**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**JUSTIFACTS STANDARD BACKGROUND CHECK WAIVER**  
**Notification and Authorization to Conduct Employment Background Investigation**

I hereby authorize Justifacts Credential Verification, Inc., an Agent for **Baptist Health Care** to ascertain information regarding my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment or volunteer placement and may elicit information on my character, general reputation, personal characteristics and mode of living. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. I understand that my consent will apply throughout my employment or volunteer placement, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

**PLEASE PRINT CLEARLY**

FULL NAME: \_\_\_\_\_

OTHER NAMES USED/MAIDEN NAME/DATES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ALL ADDRESSES FOR PAST 7 YEARS:

\_\_\_\_\_ Dates: \_\_\_\_\_  
\_\_\_\_\_ Dates: \_\_\_\_\_  
\_\_\_\_\_ Dates: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ GENDER: \_\_\_\_\_

PHONE #: \_\_\_\_\_ SECONDARY PHONE #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

\*\*\* **MAY WE CONTACT YOUR CURRENT EMPLOYER?** YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\* **HAVE YOU EVER BEEN CONVICTED OF A CRIME?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Notice to California Applicants** - You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed.

**Notice to Massachusetts Applicants:** You may omit a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting there from, whichever date is later, occurred five or more years prior to the date of this application for employment, unless you have been convicted of any offense within five years immediately preceding the date of this application for employment.

**Note: No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**California Applicants:** Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts (5250 Logan Ferry Rd, Murrysville PA 15626 – 800-356-6885, [www.justifacts.com](http://www.justifacts.com)), upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you to whom Justifacts has previously furnished within the three-year period preceding your request. Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows: (1) In-person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided. (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.

**California, Minnesota & Oklahoma Applicants Only: Please check this box if you would like a copy of the background check mailed to you.** Minnesota and Oklahoma applicants will receive a copy direct from Justifacts or its designee. California applicants may receive a copy from either the prospective employer or Justifacts.

**NOTICE:** Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation.

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 at seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fined not more than \$2,500 or imprisoned not more than two years or both."

**JUSTIFACTS STANDARD BACKGROUND CHECK WAIVER**  
**Permission for Confidential Reference Check**

**PLEASE PRINT NAME OF REFERENCE**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

*To Whom It May Concern:*

*I have applied to Baptist Health Care to join the Volunteer Team. I hereby authorize Baptist Health Care to request such information, as necessary, to verify my qualifications/suitability for the position for which I have applied. I also request and authorize you to release this information to Baptist Health Care, release you from any liability or damage resulting from your providing such information.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

.....  
\_\_\_\_\_ has applied for a Volunteer position with Baptist Health Care. We would appreciate your evaluation of this applicant, as to character, initiative, dependability, etc. along with any comments which you feel would be helpful.

All information received will be kept CONFIDENTIAL.

How do you know this applicant? \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Are you aware of any condition this person has which would adversely affect his/her ability to serve as a Volunteer?   \_\_\_ NO   \_\_\_ YES

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Thank you for your prompt response.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**BAPTIST HEALTH CARE VOLUNTEER SERVICES**  
**TB SKIN TEST VERIFICATION**

We at Baptist Health Care are dedicated to providing the same quality of health services to our volunteers as we do our employees. Employee Health/Infection Control mandates that all persons who work/volunteer in health care facilities receive tuberculin skin testing before engaging in service and yearly thereafter.

The TB Skin test is given at the following Team Member Health locations:

- **Baptist Hospital:** 1720 North "E" Street, 7:30am-4:30pm. Please call 469-4756 for availability.
- **Gulf Breeze Hospital:** Resource Training Center, Monday 6am – 2:30pm, and Tuesday 8am – 4:30pm. Please call 932-2030 for availability.

**THIS FORM MUST BE RETURNED TO THE VOLUNTEER DEPARTMENT BEFORE VOLUNTEERING AT BAPTIST HEALTH CARE.**

**BHC will also need proof of your COVID-19 vaccination AND FLU vaccination.**

**PLEASE PRINT:**

\_\_\_\_\_  
Last Name, First Name, Middle Initial

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Team Member ID Number

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

**FOR EMPLOYEE HEALTH USE ONLY:**

Date of test \_\_\_\_\_

Date checked \_\_\_\_\_

Results: \_\_\_\_\_

Injection site \_\_\_\_\_

Signature of Employee Health Nurse/Staff \_\_\_\_\_

BAPTIST

Health Care Corporation

1717 North E Street, Suite 320  
Pensacola, FL 32501

Phone: 850-469-2338 Fax: 850-434-4841

## VOLUNTEER WAIVER FOR COVID-19

I wish to volunteer my time and services for Baptist Health Care Corporation ("BHC"). I understand that volunteering in a health care facility at this time may increase my exposure to COVID-19. I also understand that I may be at an increased risk of complications from COVID-19 due to my age or pre-existing conditions. I am assuming these risks by choosing to volunteer at a BHC facility.

I acknowledge that I have been trained on BHC's rules and procedures for reducing the spread of COVID-19 such as mask wearing, hand washing, social distancing, and other precautions. I agree to follow these precautions while volunteering my time at a BHC facility.

I understand that there is no health insurance coverage or workers compensation coverage available to me from BHC and that BHC is not responsible for any potential exposure to COVID-19 while I am volunteering at a BHC facility.

By signing below, I agree to comply with BHC's applicable COVID-19 related rules and procedures. I hereby release BHC, its affiliates, officers, directors, and employees from any and all liability arising out of or related to exposure to COVID-19 while volunteering at a BHC facility.

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Printed Name of Volunteer

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Signature of Volunteer

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Date



# OUR MISSION

Helping people throughout life's journey.

## OUR VISION

To be *the* trusted partner for improving the quality of life in the communities we serve.

## OUR VALUES

Guided by Christian values, we commit to the following:

**OWNERSHIP** | accountable, engaged, stewardship, responsive, committed

**INTEGRITY** | honest, principled, trustworthy, transparent

**COMPASSION** | empathetic, merciful, sensitive, kind, giving, forgiving, hopeful

**EXCELLENCE** | safety, quality, distinguished, learning, improving

**SERVICE** | welcoming, attentive, humble, respectful, exceeds expectations, collaborative



# BAPTIST HEALTH CARE

## COVID-19 MEDICAL EXEMPTION REQUEST FORM

Full Name: \_\_\_\_\_

Team Member ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Provider (M.D./D.O., APRN, P.A.): please review and sign if the following applies to the above individual.**

By signing below, I am attesting that I have reviewed the COVID-19 vaccine recommendations from the Centers for Disease Control (CDC) and request a medical exemption based on a recognized clinical contraindication as outlined by the CDC. \*In general, the CDC considers a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine, or an immediate allergic reaction of any severity to a previous dose, or known (diagnosed) allergy to a component of the COVID-19 vaccine, to be a contraindication to vaccination with COVID-19 vaccines. For additional information on contraindications, please refer to the CDC informational document, Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States, accessed at [cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf](https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf).

I am requesting a medical exemption for the above-named individual for the following reasons.

**(REQUIRED: Description of clinical contraindication meeting CDC criteria):**

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This contraindication is:  Permanent or  Temporary

If temporary: The expiration date of the exemption for this vaccine is: \_\_\_\_\_

\_\_\_\_\_  
Signature of licensed health care provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of health care provider

\_\_\_\_\_  
M.D./D.O./P.A./N.P.



# BAPTIST HEALTH CARE

## RELIGIOUS ACCOMMODATION REQUEST FORM

### (Accommodation to COVID-19 vaccine mandate)

Team Member name: \_\_\_\_\_ Team Member I.D.: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Based on my sincerely held religious belief, practice, or observance, I am requesting a religious accommodation related to the COVID-19 vaccine.**

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for religious accommodation. \_\_\_\_\_

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with Baptist Health Care's COVID-19 Vaccine Program. \_\_\_\_\_

Describe the accommodation(s) you are requesting and the applicable time period or frequency. \_\_\_\_\_

Do you anticipate working on premises at any BHC location at any time during the 2021-2022 year?

Yes  No  I do not know.

Please provide any additional information that may be helpful in processing your religious accommodation request. \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

.....  
*For Official Use Only by BHC*

Approved  Denied

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_