

WakeMed Health and Hospitals Raleigh Volunteer Services 3000 New Bern Avenue Raleigh, North Carolina 27610 (919) 350-8293

Dear Volunteer Applicant:

Thank you for expressing an interest in the volunteer program at WakeMed Health & Hospitals. Volunteering will be a rewarding experience for you, for the patients and for the hospital.

Before beginning active service you are asked to:

- A. Complete an application.
- B. Complete an interview.
 - a. To schedule an appointment with WakeMed Raleigh Campus Volunteer Services call 919-350-8293.
 - b. To schedule an appointment with WakeMed Cary Hospital Volunteer Services call 919-350-2363.
- C. Complete the Criminal Background Check Form and Fair Credit Reporting Act Disclosure & Authorization Form
- D. Attend and complete entire volunteer orientation. Please refer to additional forms from the website and **RSVP** which date you will attend.
- E. Complete (2) TB tests and provide. At least one of these tests is to be administered by WakeMed Occupational Health and Safety Services. Please come prepared to provide your Social Security or ITIN number to Occupational Health.
- F. All volunteer applicants must provide:
 - Written documentation from a physician regarding having had the diseases listed in the attached information, OR
 - An official copy of immunization records for the diseases listed in the attached information, OR
 - Health Department records regarding information associated with having had the diseases listed in the attached information, OR
 - Previous serology records to provide proof of immunizations.

If your records are not available, Occupational Health & Safety Services will draw titers and will provide vaccines. They will also screen for current Tetanus or Tetanus/Diphtheria (Tdap). Hepatitis B vaccine will be offered to volunteers working in patient care areas where the potential for exposure to blood and/or body fluids exists.

If you have any questions, feel free to contact us at 919-350-8293 (Raleigh) or 919-350-2363 (Cary.)

We look forward to meeting you.

Sincerely,

Marie L. Johnson Jackie Kennedy
WakeMed Raleigh Campus WakeMed Cary Hospital

Manager, Volunteer/Community Services Manager, Volunteer/Community Services

Interview date and time:

(Lasi

Adult Volunteer Application



Volunteer Services 3000 New Bern Avenue Raleigh, NC 27610 (919) 350-8293 Volunteer Services 1900 Kildaire Farm Rd Cary, NC 27518 (919) 350-2363

WakeMed Health & Hospitals is a tobacco-free workplace.

We promote diversity in the workplace and provide equal employment opportunity for all qualified applicants.

PLEASE PRIM	NT:										
Date:											
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or Permanent		(Stree	et)		(City)		(State)		(Zi	p)	
Telephone:	Home ()			Work ()					
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HOW DID YO	OU HEAR OI	F US? (PLE	ASE BE SPE	CIFIC)							
Newspaper			Job Fair			TV					
Friend Internet											
internet			Other								
Have you ever	· worked/volu	nteered her	e before? 🗆 `	Yes □ No,	If yes when/wl	here:					
CAMBLIS DE	CIDED.										
CAMPUS DES		Zebulon/W	endell	Fuguay-V	arina	Other					
8											
PERSONAL I	REFERENCI	ES (other th	an relatives)	– Please pr	ovide full mail	ling address.	,				
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EDUCATION Circle highest		eted 1 2	3 4 5 6 7	8 9 10	11 12 GED	College 1	2 3 4 5				
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HIGH SCHOON	OL/COLLEGI AME AND AD		HOOL		MAJOR SUB DEGRE			DATE FROM	TO	GRAD YES	NO
1.											
2.											
3.											

SECURITY: Your response to any of these security questions will not automatically disqualify you from volunteering. However, if you answer "no" and a criminal history is found or if you answer "yes" but did not include all convictions you will be disqualified from consideration. Have you ever been convicted (pleaded guilty or been found guilty) of a misdemeanor or felony? List any and all convictions and provide dates of each. (including, but not limited to, major traffic violations, writing bad checks and DWI) Yes _____ No ____ If yes, explain:___ Presently, are you charged with committing a criminal offense, misdemeanor or felony? Yes _____ If yes, explain: ___ What are your reasons for wanting to become a volunteer at WakeMed? **SERVICE AREA AND TIME PREFERENCE:** \square MONDAY **□ WEDNESDAY** ☐ TUESDAY ☐ THURSDAY ☐ FRIDAY **■ SATURDAY** □ SUNDAY Hrs:____ Hrs: Hrs: Hrs: Hrs:____ Hrs: ____ Hrs: Do you prefer to volunteer: ■ mornings **■** afternoons \square evenings Would you prefer: no patient contact ☐ limited patient contact ☐ clerical **□** patient contact ☐ children's services What service area or areas would you prefer?____ EMPLOYMENT/VOLUNTEER HISTORY: Starting with your most recent position, list all positions and activities including self-employment, volunteer work, and all significant experience. If you need more space, please add a sheet. Street City Zip Code **Employer** State Job Title **Supervisor Name & Telephone Number** No. Supervised by you Date Employed (mo/ yr) Date separated (mo/yr) **Reason for Leaving Duties**

Employer	Street	City	State	Zip Code
Job Title	Supervisor Na	nme & Telephone Number	r No. S	Supervised by you
Date Employed (mo/ yr)	Date Separate	d (mo/yr)		
Reason for Leaving				
Duties				
Employer	Street	City	State	Zip Code
Job Title	Supervisor N	ame & Telephone Numbe	er No.	Supervised by you
Date Employed (mo/ yr)	Date Separat	ed (mo/yr)		
Reason for Leaving				
Duties				
ave you ever been dismissed or forced to	resign from any job or vol	unteer position? Yes_	No	
Yyes, explain:	r a reference? Yes N	0		
PPLICANT AGREEMENT: I certify that the information contains	ed in this application is soon	est and somplete to the	host of my kn	owlodgo
Acceptance into the Volunteers At W		_	-	_
which include, but may not be limited	to, an interview, verification			
orientation and tuberculosis screening I realize that misrepresentation of fac	5	of this application. In	the event of r	lacement in the
volunteer program, falsification of an				racement in the
I authorize WakeMed to thoroughly i				
Background Investigation. I will hold I agree to abide by the policies of Wal		or receiving information	on in this inves	stigation.
I,, underst		essful completion of the	e volunteer pla	acement processes
required by WakeMed and the receip	t of approval for service by	Volunteer Services ma	nagement, I w	ill become a
"volunteer". As a volunteer I acknown work. I acknowledge that I will recei				
to my placement(s). A signed copy of				
TO BE TO BE SIGNED BY VOLUNTI	EER APPLICANT AT INT	ERVIEW		
IGNATURE OF APPLICANT:			DATE:	
IGNATURE OF VOLUNTEER SERVIO	CES MANAGER:		DATE:	
or , or or the or , i				

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.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 to 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 a 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 for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of you 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 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.
- 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
- 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.

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



All offers of a volunteer placement opportunity with WakeMed Raleigh Campus/WakeMed Cary Hospital are contingent upon the successful completion of a reference check and a Criminal Background Investigation. During the reference checking process, a Criminal Background Investigation will also be conducted. In order for us to conduct the Criminal Background Investigation we will need you to provide a list of the counties in which you have lived for the past seven (7) years.

Nar	ne:				
Cur	rent Address:				
		(Address)			
(Cit	y)	(State)	(Zip (Code)	
Soc	sial Security Number:	·	Date of Birth:		
	or ITIN Number: of Birth is required solely for purpor ication process.		al record check and will not be used f	or any oth	er reason in the volunteer
Vali	d Driver's License:	Number	- State		
Plea is "	ase answer the following questi	ions concerning your pa	ast history. If the answer to an luding date, county and state	ny of the of conv	e foregoing questions riction on the back of
Hav	ve you ever been:				
a.			ck (if you have paid off a check worthless check conviction)?	at Yes □	No □
b.	Convicted of any misdemeand shoplifting? Do not include min		ving While Impaired), and	Yes □	No □
C.	Convicted of a violation or viol of North Carolina or similar law		, the Controlled Substances Act n?	Yes □	No □
d.	Convicted of any crimes of vio murder, or rape?	lence such as assault, l	kidnapping, manslaughter,	Yes □	No □
e.	Convicted of a felony?			Yes □	No □
f.	Convicted of any crime involving with a minor?	ng child abuse, child ne	glect, or indecent liberties	Yes□	No □
g.	Convicted of a violation or viol	ations of a Professiona	I Practice Act?	Yes□	No □
	ase list all names you have e anged, nicknames and aliase		ncluding birth name, previous	marria(ge(s), legally
(1)		(2)			
(3)		(4)			

St	reet		Street	_
City	County	City	County	_
	State		State	_
Dates: from	_to	Dates: from	to	_
St	reet		Street	_
City	County	City	County	_
5	State		State	_
Dates: from	_to	Dates: from	to	_
references, and condu or if I have failed to	I Raleigh Campus/WakeMed let a Criminal Background Inv give any information herein re teer at WakeMed Raleigh Can	estigation. I understand that i equested, I will no longer be	f the information provided considered for volunteering	is determined to be false g and in the event of my
Signat	ure of Applicant		Date	_
Pri	nt Full Name			

Please list street, city and state where you have lived for the last seven (7) years including military addresses

List of counties for which you have lived for the past seven (7) years:

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION FORM

In considering you as an applicant for volunteer involvement, WakeMed may choose to secure and use information about you contained in a consumer report. This information is obtained from a consumer reporting agency. In compliance with the Fair Credit Reporting Act, this information cannot be obtained without your signed consent.

The consumer report that is requested by WakeMed is a criminal record check and does not include a credit investigation. The information received will be kept confidential and only used by WakeMed for the purposes of considering you for a volunteer position.

AUTHORIZATION

By your signature below, you hereby author consider you for volunteer involvement.	rize WakeMed to obtain a consume	er report about you in order to
Signature	Date	
Printed Name		
3/1/00 Revised 10/00, 2/05, 11/10		
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Immunization Compliance

WakeMed is implementing a new policy requiring volunteer screening for immunization compliance.

Effective August 1, 2011 all employee and volunteer staff must provide

- written documentation from a physician regarding having had the diseases listed below, OR
- an official copy of immunization records for the diseases listed below, OR
- Health Department records regarding information associated with having had the diseases listed below. OR
- previous serology records to provide proof of information about having had the diseases listed below.

If your records are not available, Occupational Health & Safety Services will draw titers and will provide vaccines. They will also screen for current Tetanus or Tetanus/Diphtheria (Tdap).

Hepatitis B vaccine will be offered to volunteers working in patient care areas where the potential for exposure to blood and/or body fluids exists. If a volunteer has been vaccinated and does not have documentation of the vaccine, Occupational Health will provide the titer.

These records must be maintained in your confidential Occupational Health Record according to The Joint Commission and OSHA standards.

Measles/Mumps/Rubella (MMR) 2 MMR vaccines, or positive titer for Measles, Mumps, Rubella

Diphtheria/Tetanus or Tdap Recommended within past 10 years; Tdap is required for

assignments in Women & Children's Services or the Emergency

Departments

Chickenpox (Varicella) Positive titer or 2 vaccines

TB/TST (Tuberculin Skin Test)

Administered within the past 12 months; all new volunteers

must have a TST upon acceptance into the volunteer program, regardless of when last test unless contraindicated by allergy or history of positive TST. A baseline chest x-ray may be required if you have had a positive TST. A copy of negative chest x-ray report within the prior 12 months will be accepted. BCG is not a

contraindication for TST.

If you have any questions, you may contact Occupational Health

• Phone: 919-350-7370

• Email: Occupational Health@wakemed.org

• Fax: 919-350-7874

Volunteer Services Tuberculosis Surveillance

The purpose of Tuberculosis Surveillance is to provide an organized method for the detection of employees and volunteers who might harbor Mycobacterium Tuberculosis and/or for follow-up of employees and volunteers who have been exposed to patients with Tuberculosis. The Volunteer Services Department adheres to the WakeMed TB Control Plan which is based on requirements set forth by the Centers for Disease Control and distributed by WakeMed Occupational Health & Safety and approved by Infection Control.

The surveillance method calls for a "TWO STEP" screening of employees and volunteers and is outlined as follows:

- 1. Verification of a TB skin test within the past twelve (12) months.
- 2. If verification of a TB skin test within twelve months is provided, one (1) new skin test will be administered and read before the volunteer begins active service.
- 3. If it has been longer than twelve months since the last TB skin tests, or if verification can not be obtained, the volunteer will need to have both TB skin tests of the "two step" screening administered, read and verification returned to the Volunteer Services Department before beginning active service.
- 4. Those persons who are known to have a positive reaction to a PPD skin test due to prior exposure should not have a skin test administered. Instead, the volunteer will need to provide verification of a past or recent chest x-ray and a signed and dated statement from a physician or nurse confirming no active sign of the disease.
- 5. If, on the advice of a physician, the volunteer is medically unable to have a skin test or chest x-ray administered, the volunteer will obtain a statement to the effect from the physician. Volunteer Services will work with the volunteer and WakeMed Occupational Health & Safety to determine appropriate volunteer placement and/or volunteer status.

Established Volunteers:

- 1. All in-house volunteers are screened for Tuberculosis on an annual basis. Each volunteer will receive notification that they are due for their annual screening and will be expected to comply by designated due date. The due date will be within twelve (12) months of the last previous screening
- 2. If the volunteer waits longer than twelve (12) months to have the annual screening test, it will be necessary to undergo the "two step" testing method as stated above for new volunteers. The volunteer will be asked not to report for duty until the tests are complete and they are in compliance.
- 3. A volunteer known to test positive to a TB skin test and who has had a chest x-ray in the past will <u>not</u> be asked to have a repeat chest x-ray on an annual basis. However, the volunteer will need to obtain a signed statement from a physician or nurse confirming that no active form of the disease is present.
- 4. If, at the time of the annual screening, the volunteer is advised by a physician not to have a skin test administered due to medical reasons, refer to New Volunteers, number 5 listed above.

Tuberculosis screenings are offered by appointment through the WakeMed Occupational Health & Safety Department (free of charge). Other healthcare providers can be used, but at the expense of the volunteer. Occupational Health & Safety appointments can be arranged by calling 350-8946 at the WakeMed Raleigh campus and 350-2631 at the WakeMed Cary Hospital.

OCCUPATIONAL HEALTH & SAFETY SERVICES HOURS OF OPERATION WAKEMED RALEIGH CAMPUS & WAKEMED CARY HOSPITAL

WAKEMED RALEIGH CAMPUS - 1st floor Medical Office Building: Walk-in days are Mondays through Fridays from 7am-4pm

WAKEMED CARY HOSPITAL:

Walk-in days are Mondays through Fridays from 7am-3:30pm Closed 12:00 noon – 12:30pm Appointments preferred

Thursday PPD walk-ins need to be sure they have a reader on the weekend before getting TB test

NO APPT IS NEEDED FOR PPD READING, INJURIES OR BLOOD/BODY FLUID EXPOSURE

AFTER HOURS ONLY: FOR INJURIES CONTACT 350-8155 FOR EXPOSURES CONTACT 899-8226

THANK YOU

WAKEMED RALEIGH CAMPUS: PHONE: 350-8946 FAX 350-7874

WAKEMED CARY HOSPITAL: PHONE: 350-2631 FAX 350-7874