

Dear Volunteer Applicant,

Thank you for your interest in our Volunteer Program! At Community Hospital, our volunteers are recognized as an essential part of our day-to-day operations. One important role of the volunteer is to assist employees and physicians in creating a positive experience for our patients. It is my hope that as a volunteer, you will find the satisfaction and personal fulfillment that comes with serving others and being a part of the **community difference**. I look forward to working with you!

Christina O'Dell
Director of Volunteer Services
970-644-3541

Requirements for Participation:

Included in this packet are the things you need to know and complete in order to participate our Volunteer Program.

- Complete the application and return to the volunteer services department or email it to Christina O'Dell at codell@gjhosp.org.
- Two written recommendations from others who are not relatives need to be submitted prior to your acceptance into the program. The person making the recommendation must mail the completed form directly to the volunteer director or email it to Christina O'Dell at codell@gjhosp.org.
- Complete an interview with the volunteer director.
- Documentation of COVID vaccine, mumps, measles, and rubella (MMR) history and a tuberculosis screening (PPD) is required. A PPD screening by Occupational Health or documentation of this test within the last 12 months is required by law. If the screening is needed, Community Hospital will pay for it.

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

DOB: ____/____/____ Referred by: _____
Month Day Year

Reason for Volunteering: _____

Employer: _____ Supervisor: _____
(Current or most recent)

Phone: _____

Education: GED HS AA BA/BS MA PhD Other: _____
(check highest)

Training/Skills: _____

Languages: _____ Speak Write Read
(other than English) (check all that apply)

References:

1. _____ Phone: _____

2. _____ Phone: _____

Volunteer Experience:
_____Available work schedule: M- Tu- W- Th- F- Sa- Su-
8:00 a.m. - 12:00 p.m. 12:00 - 4:00 p.m. 4:00 - 8:00 p.m.

I expressly authorize without reservation Community Hospital, its representatives, employees or agents to contact and obtain information from all references (personal and professional), from employers, public agencies, licensing authorities, and educational institutions, to verify the accuracy of all information provided by me in this application, resume, or volunteer partner job interview. I hereby waive any and all rights and claims I may have regarding Community Hospital, its agents, employees, or representatives, for seeking, gathering and using such information in the volunteer intake process and all other persons, corporations or organizations for furnishing such information about me.

If I am placed as a volunteer, I understand that I am free to resign at any time, with or without cause and without prior notice, and that Community Hospital reserves the same right to terminate my volunteer position at any time, with or without cause and without prior notice. I understand that this application does not constitute an agreement or contract for employment. I further understand that no leader or representative of Community Hospital is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expressing language are valid unless they are agreed to by Community Hospital's President and CEO.

Signature of Applicant: _____

Date: _____

_____ has applied as a volunteer with Community Hospital. The applicant will serve the general public, who are our patients, their families and other guests. The applicant will be in direct contact with youth, seniors and disabled individuals. As a protection to our patients, their families, employees and other volunteers, we require our new volunteer applicants to submit two references. All of the information you provide will be kept in strict confidence. I would greatly appreciate you completing this form and returning it to me by mail or by email at codell@gjhosp.org.

Sincerely,

Christina O'Dell
Director of Volunteers
970-644-3541

How long have you known this applicant? _____

In what capacity have you interacted with this applicant? _____

Do you feel you know this applicant well enough to make a recommendation? Why?

How could this applicant contribute in a positive manner to our guests?

Please share your knowledge of this applicant's skills and abilities working with people:

Can this applicant keep information confidential?

Please comment on issues that you believe would be helpful to us in making our placement decision:

Name: _____ Title: _____

Company/School: _____ Phone: _____

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As an applicant for employment or a current employee of Community Hospital, you are a consumer with rights under the Fair Credit Reporting Act. In the event any of the following circumstances exist, Community Hospital may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when:

- (1) Considering your application for employment;
- (2) Making a decision whether to offer you employment;
- (3) Deciding whether to continue your employment (if you are hired); or
- (4) Making other employment-related decisions directly affecting you.

A consumer reporting agency is any person, which, for monetary fees, due or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Community Hospital.

A consumer report means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An investigative consumer report means a consumer report or portion thereof in which information on your credit standing, credit capacity, character, general reputation, personal characteristics or mode of living is obtained through personal interviews with your neighbors, friends or associates reporting on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I hereby voluntarily authorize Community Hospital to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at Community Hospital. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form. I voluntarily authorize all persons, including current and former employers and supervisors, credit reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments and municipal, state and federal courts to release information they may have about me to Community Hospital. I understand that if I am employed by Community Hospital, this authorization shall remain in effective through my employment.

Printed Name

Date of Birth

Address

Address

Signature

EEOC Notice N-915.043 II states "a pre-employment inquiry on the part of the employer for information such as date of birth or state age on an application form is not, in itself a Violation of the age discrimination in employment (ADEA). The ADEA of 1967 prohibits discrimination in employment on the basis of age.

To All Applicants: The information requested above is used to assist in the completion of a background investigation and will be used for the sole purpose of identification when conducting a background investigation. The information will be maintained in a limited access file, detached from your application.