



GATEWAY
MEDICAL CENTER

Volunteer Services

Thank you for your interest in volunteering at Gateway Medical Center! We are very proud of the services our volunteers provide for the medical center and the community. This application is for adults ages 25 and older and no longer in school. If you are currently a student please contact the volunteer office for the proper application.

Please complete both pages of the application and return to the Volunteer Services Office. You may mail or deliver in person. Completing an application does not guarantee volunteer placement at Gateway Medical Center. We do not accept applications in June, July, and December.

Due to the time invested in orienting new volunteers, we require a minimum of five months or 50 hours of service. Of course, we hope that you will enjoy your volunteer work so much that you will want to continue your service beyond the minimum requirements!

If you have any questions, you may reach me at (931) 502-1055, Monday through Friday, 8:30am-4:00pm. Thank you again for your interest in volunteering at Gateway Medical Center.

Sincerely,

Sandy Rose Wooten, CAVS/CDVS
Director of Volunteer Services



STOP! Do not complete this application if you are a student. High school and College students must complete a different application and only in certain months. Please contact the volunteer office for more information.

Application for Volunteer Services

Volunteer Services
(931) 502-1055

Application received: _____ (Volunteer Services use)

EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR VOLUNTEER SERVICES WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY, DISABILITY, SEX, AGE, MARITAL STATUS, OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES, CITIZENSHIP, OR ANY OTHER LEGALLY PROTECTED STATUS.

LAST NAME	FIRST	LAST 4 OF SS#	BIRTH M/D (YEAR OPTIONAL)
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	TELEPHONE NO.	CELL PHONE NO. (OPTIONAL)	

PRESENT OCCUPATION:

PREVIOUS WORK EXPERIENCE:

PREVIOUS VOLUNTEER EXPERIENCE:

SPECIAL SKILLS, HOBBIES, INTERESTS:

LAST GRADE COMPLETED (PLEASE INCLUDE COLLEGE):

IF COLLEGE IS INCLUDED, PLEASE LIST COURSE OF STUDY:

WHAT (IF ANY) WORD PROCESSING SOFTWARE ARE YOU FAMILIAR WITH?

WOULD ANY OF THE FOLLOWING PHYSICAL ACTIVITIES BE HARMFUL TO YOU IF YOU WERE A VOLUNTEER?

WALKING _____ CLIMBING STAIRS _____ PUSHING WHEELCHAIRS _____ OTHER _____

CIRCLE DAYS PREFERRED TO VOLUNTEER: M T W TH F S SU

CIRCLE HOURS PREFERRED: MORNING MID-DAY AFTERNOON EVENING

MOST VOLUNTEER SHIFTS ARE 2 TO 4 HOURS LONG, EITHER 8A-12N, 10A-2P, OR 12N-4P.

SOME EVENING AND WEEKEND POSITIONS ARE AVAILABLE.

REFERENCES

NOTE: YOU MUST COMPLETE THIS PORTION, LISTING CO-WORKERS, SUPERVISORS, PASTORS, NEIGHBORS, ETC. OR YOUR APPLICATION WILL NOT BE CONSIDERED. PLEASE DO NOT LIST FAMILY MEMBERS.

NAME	TELEPHONE/E-MAIL	RELATIONSHIP

PLEASE LIST THREE REFERENCES

APPLICANT'S *Disclosure & Consent* RELEASE OF INFORMATION

APPLICANT INFORMATION

Gateway Health System

Account Number: 101-101689

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: _____ State: _____ Zip: _____
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No:*	City: _____ State: _____ Zip: _____
Driver's License No.: _____ State: _____	Former Address: (2)
Date of Birth: * _____ Place of Birth: (City, State, Country)	City: _____ State: _____ Zip: _____

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

NOTICE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

APPLICANT:

Signature: _____

Date: ____ / ____ / ____

Print Name: _____



Fax to (770) 984-8997