



Dear Prospective Volunteer:

Thank you for your interest in the internship program at The Medical Center, Navicent Health.

Enclosed you will find a volunteer application and criminal background check. Once the background check and references are approved, our office will move forward in processing your application and prepare you for medical clearance to begin your volunteer work. Please be prepared to have the following documents for medical clearance. These documents are mandatory for ALL volunteers and interns. ALL HEALTH DOCUMENTS will need to be taken to Navicent Health's Employee Health Center.

- **Letter of good health from your physician**
- **Current Immunization**
- **Proof of flu shot (when applicable while flu vaccine is available). If you have not received a flu shot, one can be provided for you at our Employee Health Center free of charge.**
- **TB screening (will be given to all volunteers/interns at Employee Health at no charge) No outside TB screenings will be accepted.**

Please forward your application via mail, fax or email to Missi Upshaw. We look forward to working with you!

Sincerely,

Missi Upshaw

**Missi Upshaw
Media Relations & Volunteer Services Manager
478-633-7107
478-633-7503
Upshaw.missi@navicenthealth.org**



NavicentHealth
Everything about us, is all about you.

Adult Volunteer Application

Name _____ Date _____
(First) (Middle) (Last)

Address _____ City _____ State _____ Zip _____

Please indicate type of volunteer position: _____ **College Volunteer (30-50 hours a semester)**
_____ **Navicent Health Volunteer (min 100 hours a year)**

Birth Date (mo/day/yr) _____ Home Phone _____ Cell _____

Email address: _____

If presently employed, name of firm _____

Position _____

If not employed, are you currently seeking employment _____

Previous employer _____

Have you ever been employed by The Medical Center Navicent Health? _____

If previously employed by Navicent Health give last month/year worked _____

Have you been convicted of a felony? _____

Contact in case of emergency

(Name) (Relationship) (Home phone) (Cell phone)

Limitations related to health _____

Personal physician _____ Phone _____

Have you volunteered for Navicent Health before? _____ If so, when? _____

How did you become interested in our volunteer program? _____

Day(s), time(s) you are available to volunteer _____

Education _____

Volunteer Experience _____

Work Experience _____



Adult Volunteer Application Form (Cont'd)

Personal or Professional References (**PLEASE DO NOT USE RELATIVES**). Please give complete address including zip code and email if possible. References will be checked before interview is scheduled. If incomplete or inaccurate information is given regarding references application will not be processed.

1. Name _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

2. Name _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

(Please check all that apply & willing to assist as a volunteer)

Clerical/Administrative Skills

Typing _____ Filing _____ Phone Receptionist _____ Computer _____

Patient Care Service Areas

____ Surgery Center ____ Georgia Heart Center ____ Wellness Center ____ General Medical Surgical Floors

____ Children’s Hospital (Pediatric ICU, General Pediatrics, Outpatient Services, Neonatal ICU, Autism Center—**Circle One**)

____ Cancer Life Center ____ Breast Care Center ____ Emergency Room ____ Rehab Hospital ____ Patient Safety Volunteer

____ Guest Relations ____ Way Finding ____ Gift Shop ____ Information Desk & Customer Service

____ other (*specify*) _____

Additional Talents/Comments _____

Please give any other information you feel pertinent to your application _____

The above information is accurate and correct to the best of my knowledge.

Signature _____ **Date** _____

Your signature indicates your approval for us to check references. The organization is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex. A criminal background check will be conducted before you can begin volunteering.

Return Completed Application To:
Public Relations • Navicent Health • MSC #153 • 777 Hemlock Street • Macon Ga 31201-2102



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE AND DISCLOSURE

We truly welcome your application for employment with the Medical Center, Navicent Health. We are proud of our success and recognize it as the result of the quality and caliber of the employees in our organization. In pursuit of that excellence, we require as a condition of employment and/or continued employment that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application and résumés.

This release and authorization acknowledges that this company and MBI, a consumer reporting agency, may now, or at any time while you are employed, administer testing instruments, conduct and retrieve a verification of your education, previous employment/work history, credit record, contact personal references, require that you provide a urine/breath/blood specimen to be tested for the presence of drugs or alcohol, access motor vehicle records, worker’s compensation records and to receive any criminal history record pertaining to you which may be in the files of any federal, state, county or local criminal justice agency in any State and/or other information deemed necessary to fulfill the job requirements. The information received may include, but may not be limited to, the aforementioned agencies. The results of this verification process will be used to determine employment eligibility. Convictions for a felony or misdemeanor will not necessarily be a bar to employment.

I authorize MBI Worldwide South of Herrin, Illinois (referred to as "MBI") and any of its agents/designated representatives to disclose orally, electronically, and in writing the results of this verification process and/or interview to the designated authorized representatives of this Company.

I do hereby forever release and discharge the Company, its agents, MBI, and its associates to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or any other charge of complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by the Company and to receive orally, written or electronically a copy of the consumer report and a description of the rights of a consumer. I agree that any copy of this document is as valid as the original.

I hereby certify that all of the statements and answers set forth on the application form and/or my résumé are true and complete to the best of my knowledge. I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false information or omissions will be considered as cause for possible dismissal.

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application for employment. It is used for identification purposes in verifying information for employment background verification. Please print clearly all information requested for the past seven years. **Observer is responsible for the state of Georgia background fee; each additional state could result in an additional charge.**

Applicant’s Name: _____

Social Security #: _____ Sex: _____ Race: _____ DOB: _____

Current Address: _____ Yrs. _____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

RESIDENT ADDRESSES FOR STATES OTHER THAN CURRENT STATE DURING THE PAST 7 YEARS

Previous Address: _____ Yrs. _____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

Previous Address: _____ Yrs. _____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

DR License # _____ State: _____

Prospective Volunteer/Intern/Observer Signature _____

Date _____

**MBI Worldwide
866-275-4624 * 618-942-8810 FAX**