

 **Baptist Golden Triangle Volunteer Services**  
 2520 5<sup>th</sup> Street North Columbus, MS 39705  
 (Volunteer Services: 662-244-1165 or the Gift Shop: 662-244-1166)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SSN \_\_\_\_\_ Cell Number \_\_\_\_\_

Skills/qualifications (computer skills, people skills, retail sales, photography, crafts, etc.)

\_\_\_\_\_  
 \_\_\_\_\_

Were you referred/by whom? \_\_\_\_\_

Availability for Service					
	Mon	Tue	Wed	Thu	Fri
Morning					
Afternoon					

<b>In case of emergency notify:</b>	
Name _____	Relationship _____
Cell Number _____	Work Phone _____

**Baptist Golden Triangle Hospital will conduct a background check prior to your acceptance as a volunteer. A copy of your driver's license is needed for the background check.**

**I hereby state that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant the Baptist Golden Triangle Hospital permission to verify such information. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for dismissal if such false statement is discovered subsequent to my membership.**

**The Volunteer Services Department is not obligated to provide placement nor are you obligated to accept the position you are offered.**

Date \_\_\_\_\_

10/05

\_\_\_\_\_

Signature



### Authorization for Release of Information

I hereby authorize Baptist, its agents, and/or any consumer reporting agency it might use to make an independent investigation of my background, references, credit history, driving history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application to volunteer or otherwise provided by me in the volunteer application process and/or obtaining other information which may be material to my qualifications for volunteering with Baptist.

I further authorize all past or present employers, educational institutions, law enforcement and governmental agencies, military services, and personal references to give Baptist information concerning me, whether or not such information is contained on a written record, and consent to the release of personal information to Baptist, including but not limited to, information regarding my work record, police and court record, school record, character and general reputation.

I hereby release Baptist and its employees, officers and agents as well as any of its affiliated corporations and/or entities and its employees, officers and agents from any liability associated with the processing of this application. Further, I fully release any persons, corporations or other entities and their employees, officers and agents that provide information to Baptist any of its affiliated corporations and/or entities for use in processing this application for volunteering.

### Volunteer Process Consent Form

I understand that Baptist does not always accept everyone who applies to become a volunteer. Baptist does not always make decisions about volunteers instantly. Depending on several factors, decisions about accepting a volunteer may take several days or weeks.

**Baptist DOES NOT DISCUSS ITS DECISIONS WITH VOLUNTEER APPLICANTS except where required by the Fair Credit Reporting Act or the Americans With Disabilities Act, or otherwise by law. Volunteers must meet eligibility criteria as established by Baptist and by the specific department within Baptist that plans to utilize the volunteer services.**

Full Name			
Other names by which you have been known			
Other First name			Other last name
Other First name			Other last name
Other First name			Other last name
Social Security Number			Date of Birth
Driver's License			State
Current Address:			
Current City			State
			ZIP
How long have you resided at your current address?			
Please list any and all cities and states you have lived in			
City			State

I AUTHORIZE THE RELEASE OF INFORMATION AS SET FORTH ABOVE AND CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

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**Signature** **Printed Name** **Date**



**FAIR CREDIT REPORTING ACT  
DISCLOSURE AND AUTHORIZATION STATEMENT**

Baptist Memorial Health Care Corporation and the particular Baptist affiliated entity for whom you have applied to volunteer, (collectively, "Baptist") when considering your application for volunteerism, when making a decision whether to allow you to volunteer, when deciding whether to continue to allow you to volunteer, and when making other volunteer related decisions directly affecting you, may wish to obtain and use a "consumer report" or an "investigative consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. As an applicant for volunteering, you are a "consumer" with rights under the FCRA. Your rights under the FCRA are summarized in the attached document, "A Summary of Your Rights Under the Fair Credit Reporting Act."

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment/volunteer purposes. An "investigative consumer report" is a "consumer report" or portion of a "consumer report" in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews.

You have the right to request disclosure of the nature and scope of any investigative consumer report.

If Baptist obtains a "consumer report" or "investigative consumer report" about you, and if Baptist considers any information in the "consumer report" or "investigative consumer report" when making a decision about your volunteerism with Baptist that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a consumer reports and consumer reporting agencies.

For *California, Minnesota, and Oklahoma applicants only*, please check the box if you would like to receive a copy of the consumer report if one is obtained by Baptist.

By signing below, you acknowledge that you have been provided information which describes your rights under the FCRA in this Disclosure and Authorization Statement. Your signature also authorizes Baptist or its agents to obtain "consumer reports" or "investigative consumer reports" about you from a "consumer reporting agency" and to consider these reports when making a decision regarding your volunteerism with Baptist.

First Name

Last Name

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

\_\_\_\_\_