



## Williston Medical Center

### Volunteer Application

Thank you for your interest in volunteering with CHI St. Alexius Health. Please complete the following application which will be used to match your interests and skills with the current needs of the agency. Please return the completed application to Volunteer Services, CHI St. Alexius Health Williston, Att: Volunteer Services, 1301 15<sup>th</sup> Avenue West, Williston, ND 58801.

Name _____	Today's Date _____
Address _____	Phone (Day) _____
_____	Phone (Eve) _____
Email _____	Phone (Cell) _____
Employer _____	Occupation _____
Social Security # _____	Birthdate _____

**A copy of valid government-issued photo identification must be attached to complete this application.**

Please list the volunteer position(s) of interest to you: \_\_\_\_\_

#### When are you available to volunteer?

*Volunteers typically serve two to four-hour shifts, scheduled according to the department's need and the volunteer's availability. You are asked to commit at least 50 hours of service in a six-month period.*

Times	Mon	Tues	Wed	Thurs	Fri			Shifts	
Morning								Weekly	
Afternoon								Weekly	
<b>Are you available to substitute on short notice?</b>						<b>Yes</b>		<b>No</b>	
<b>Are you available to volunteer on holidays?</b>						<b>Yes</b>		<b>No</b>	

Please list any related paid or unpaid experience:

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

What are you good at and willing to share with others?

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

What do you hope to gain from your experience as a CHI St. Alexius Health volunteer?

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

What would you never want to be asked to do as a volunteer?

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Do you speak any foreign languages?

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Where did you first learn about volunteer opportunities here?

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Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Eve) \_\_\_\_\_

Please list two people, not related to you, who can serve as references.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**Conviction Record** Please read this section carefully before answering.

1. Are you currently named as defendant in a criminal proceeding for mistreatment, neglect, or abuse of any person or a misappropriation of property? \_\_\_\_\_

2. Have you ever been convicted of any other felony or misdemeanor? \_\_\_\_\_ *If yes, please explain.*

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A criminal conviction record does not by itself constitute an absolute bar to volunteering. The nature of the conviction will be examined on a case-by-case basis, including subsequent rehabilitation, and will be considered in relation to the responsibilities of the position sought in making each employment decision.

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*As a condition of volunteering, I give permission for CHI St. Alexius Health to conduct a background check on me, which may include a review of the sex offenders' registries, references, and criminal history records. I understand that my appointment is conditional upon the information provided. I hereby release and hold harmless from liability CHI St. Alexius Health, its officers, employees, and volunteers, as well as any person or organization that may provide information to CHI St. Alexius Health.*

*I also understand that this is an application for a volunteer position only. CHI St. Alexius Health is not obligated to provide placement, nor is the applicant obligated to accept the position offered.*

*The information that I have provided may be verified by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting the background checks described above. By signing this application, I verify I have read the information disclosed and certify that it is true and correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature if applicant is under 18 years of age.

\_\_\_\_\_  
Date

**CHI ST. ALEXIUS HEALTH WILLISTON # 13099**  
**APPLICANT DISCLOSURE & AUTHORIZATION**

FULL NAME \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License State: \_\_\_\_\_ DL Number: \_\_\_\_\_

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**CHI St. Alexis Health Williston** ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment or contract for services. 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. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment or contract to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE 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 these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my employment or contract, if applicable. 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes  No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CHI ST. ALEXIUS HEALTH WILLISTON # 13099

## APPLICANT INFORMATION

**FULL NAME** \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License State \_\_\_\_\_ No. \_\_\_\_\_

Name of High School, College, University or Institution of Professional Training where you completed the highest level  
 or for GED – provide state and name when GED received) \_\_\_\_\_

Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_

Dates of Attendance and/or Graduation \_\_\_\_\_  
Year(s) Attended Year Graduated/GED Completed

Have you ever been convicted of a crime?\* **Yes**  **No**

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

\*To disclose additional criminal history, please provide those details on a separate sheet of paper and attach it to this form.

Please provide all locations where you have resided for the past seven (7) years, starting with your current residence.

	City	State	Dates	From:	To:
1.	_____ / _____	_____	_____	_____	_____
2.	_____ / _____	_____	_____	_____	_____
3.	_____ / _____	_____	_____	_____	_____

### STATE LAW NOTICES

**Minnesota** applicants or employees only: You have the right to request in writing from PreCheck, Inc., a complete and accurate written disclosure of the nature and scope of the report(s) requested by the Company. Place an X here \_\_\_\_\_ for a disclosure to be sent to you.

**Oklahoma** applicants or employees only: Mark an X here \_\_\_\_\_ for a free copy of a consumer report if one is obtained by the Company.

**California** applicants or employees only: Please mark this field \_\_\_\_\_ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**California** applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_

**New York** applicants or employees only: If an investigative consumer report has been requested by the Company, the name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document. You have the right to inspect and receive a copy of the investigative consumer report by directly contacting the consumer reporting agency, PreCheck, Inc. In connection with the Company's request for the preparation of a consumer report or investigative consumer report about you, the Company has provided you with a copy of Article 23-A of the New York Correction Law. Please mark this field to acknowledge receipt of a copy of Article 23-A: \_\_\_\_\_.

**Maine** applicants or employees only: If you are applying for a position in the State of Maine, you may request and promptly receive from the consumer reporting agency copies of all investigative consumer reports about you requested by the Company. The name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document.

**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State** applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested.

I have read and understand the above information and assert that all information provided by me is true and accurate.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.