



MEDICAL CENTER

Your invitation to volunteer with
BERGEN REGIONAL MEDICAL CENTER, L.P.

Dear Future Volunteer:

We are delighted that you are willing to serve the needs of others through volunteer service. The rewards will be significant to both you as a volunteer as well as the patients/residents of the Medical Center.

The process for applying is quite simple. Following are the items that are required prior to acceptance as a volunteer and an explanation of their purpose:

Two Reference Letters

The letters can be from a former employer, teacher, clergy person, or a volunteer coordinator - sorry, letters from family members are not acceptable.

Completed Application

All sections of the application must be completed. Parental/guardian section must be signed if prospective volunteer is a minor or under guardianship.

Authorization for Release of Information

It is the policy of Bergen Regional Medical Center, L.P. to conduct background checks on all of its volunteers. Volunteers will not be assigned without background clearance. This will be performed prior to your beginning your volunteer assignment. When the background check is completed, a placement interview will be scheduled.

Signed TB Skin Test Consent and Results Form

(Parental/guardian section must be signed if prospective volunteer is a minor or under guardianship.) You will need a two-step Mantoux skin test (PPD). The test is given in two parts, one to three weeks apart, to demonstrate absence of tuberculosis. Each of these tests must be "read" by the employee Health Nurse or his/her designee within 48 to 72 hours after it has been administered. Mantoux (PPD) tests are simple, painless and provided at no cost. You will be scheduled for the Mantoux (PPD) test after your interview. If you have had a previous positive result on Mantoux testing or have been treated for tuberculosis, alternative testing will be performed. Mantoux testing, which is required by the State of New Jersey for all volunteers, will not be done without a completed/signed TB Skin Test Consent and Results Form.

PLEASE BE ADVISED THAT YOU WILL NOT BE CLEARED TO BEGIN VOLUNTEERING UNTIL ALL REQUIRED DOCUMENTS ARE COMPLETED AND RECEIVED BY HUMAN RESOURCES.

Print Name: _____

Signature: _____

Date: _____

Print Parent/ Guardian Name (if applicable): _____

Signature of Parent/ Guardian (if applicable): _____

Date: _____

BERGEN REGIONAL MEDICAL CENTER, L.P.
230 EAST RIDGEWOOD AVE. • PARAMUS, NJ 07652

Volunteer Application

Please Print All Information

Bergen Regional Medical Center • 230 E. Ridgewood Avenue • Paramus, NJ 07652 • 201-967-4000 • www.bergenregional.com

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

HOME PHONE: (_____) _____ ALT. PHONE: (_____) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NO. _____ E-MAIL ADDRESS: _____

Have you ever been employed at Bergen Regional Medical Center or Bergen Pines? Yes No

If yes, please list position, department, dates and reason for leaving. _____

Have you ever volunteered at Bergen Regional Medical Center before? Yes No

Please name any relatives currently employed at Bergen Regional Medical Center. _____

How were you referred to Bergen Regional Medical Center? Please specify name or source:

Friend/relative? _____ Advertisement: _____ Internet/Website: _____ Other: _____

CURRENT EMPLOYMENT

Dates Employed: From: _____ / _____ / _____ To: _____ / _____ / _____
Month Year Month Year

Complete Name of Employer: _____ Phone # (_____) _____

Address: _____

Your Job Title: _____

Description of Duties: _____

EDUCATION

	School	Course of Study	No. of Years Attended	Graduated	Degree
High School:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

LICENSURE

Please list all professional/technical licenses or certifications you have acquired (original license/certificate required).

TYPE	STATE	LICENSE/CERTIFICATION #	EXPIRATION DATE	PENDING
_____	_____	_____	_____	_____

SPECIAL TRAINING

Please list other applicable experiences, skills, training or qualifications (professional, technical and/or mechanical):

Foreign Languages: Speak: _____ Read: _____ Write: _____

ASSIGNMENT DESIRED (Please circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Availability: Early Morning (8:00 a.m.)		Morning		Afternoon		Evening (until 8:00 p.m.)
Number of Hours Desired: _____						Are you available throughout the year? Yes No

If no, please specify dates/seasons you are unavailable: _____

PREFERENCES/INTERESTS

Type of volunteer work desired (if known): _____

Are you comfortable interacting with patients? Yes No Unsure

Is there work you would be unwilling or unable to perform? _____

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIME OR OFFENSE OTHER THAN A TRAFFIC VIOLATION?

YES NO

IF YES, PLEASE STATE THE NATURE OF ANY OFFENSE, THE DATE OF ANY OFFENSE AND ANY REHABILITATIVE EFFORTS YOU HAVE MADE. *A conviction or guilty plea is not an absolute bar to volunteer service, but will be considered in relation to specific assignment requirements.*

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Address: _____

Telephone (_____) _____ Alternate Telephone: (_____) _____

I certify that all statements I have made on this application and on supplementary materials are true and correct. I hereby authorize the Medical Center to investigate the accuracy of this information. I am aware that a successful criminal background check, two-step Mantoux (PPD) tuberculosis testing, receipt of two valid references and volunteer orientation are required before placement as a volunteer at Bergen Regional Medical Center. I understand that all assignments are on a voluntary basis at all times, without monetary compensation or benefits, and not as a paid employee. The Medical Center reserves the right to terminate a volunteer's services at any time, with or without cause.

This institution does not discriminate in accepting volunteers or any other decision on the basis of race, sex, sexual orientation, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age, physical/mental disability unrelated to ability to perform the assigned tasks. No question on this application is intended to secure information to be used for such discrimination.

I authorize the investigation of all statements contained herein as a condition of volunteering. I authorize Bergen Regional Medical Center and/or its agents, including consumer reporting bureaus to verify any of this information including, but not limited to, criminal history. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. In the event that such report is made, I understand that, upon written request made within a reasonable period of time, a complete and accurate disclosure of the nature and scope of the investigation requested will be made.

I agree to abide by all the rules and regulations of Bergen Regional Medical Center.

Applicant's Signature: _____ Date: _____

My son/daughter has my permission to volunteer at Bergen Regional Medical Center. I understand that he/she must abide by the rules and standards of the Medical Center and I will support his/her efforts to do so. I hereby give my permission for a criminal background check to be conducted on my son/daughter. The Medical Center also has my permission to administer a two-step Mantoux (PPD) test for tuberculosis prior to my son/daughter's placement and annually thereafter. I have signed the TB Skin Test Consent and Results Form.

Signature of Parent/Guardian (if applicable): _____ Date: _____



WRITTEN REFERENCE

Reference for: _____

The person named above is being considered for a volunteer assignment at Bergen Regional Medical Center and is required to provide two written references.

Please complete the information below:

Name: _____

How long have you know the applicant? _____

What is your relationship to the applicant?
 Teacher/Counselor
 Coworker
 Clergy
 Friend
 Employer/Previous Employer

In your opinion, how would you rate the above applicant?

- 1. Ability to work effectively with others
 above average
 average
 below average
 haven't observed
2. Ability to follow instructions
 above average
 average
 below average
 haven't observed
3. Ability to take constructive criticism and learn from it
 above average
 average
 below average
 haven't observed
4. Ability to relate to emotionally and/or physically challenged individuals
 above average
 average
 below average
 haven't observed
5. Ability to relate to the elderly
 above average
 average
 below average
 haven't observed
6. Personal appearance
 above average
 average
 below average
 haven't observed

Additional Comments:

Name (please print)

Address

Signature

City, State, Zip Code

Date

Telephone

NOTIFICATION / AUTHORIZATION / RELEASE OF INFORMATION

NAME: _____ DATE: _____

PLEASE PRINT

In connection with my application for employment with **BERGEN REGIONAL MEDICAL CENTER** hereafter referred to as **COMPANY**, I am hereby notified that the **COMPANY** intends to procure an investigative consumer report and I authorize the procurement of this investigative consumer report. I understand that the report will contain information about my background, character, general reputation, credit worthiness and job performance. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I understand that pursuant to the Fair Credit Report Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in the report by contacting the consumer reporting agency, **TABB, INC.**, at the address and telephone number listed on the bottom of this form. I understand that I may have additional rights under State law which I may determine by contacting my state or local consumer protection agency. I hereby release the **COMPANY, TABB, INC.**, their officers, agents, employees, and servants from any liability arising from the preparation of this report or investigations relating thereto.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies and motor vehicle agencies for the acquisition of a driving record or abstract if required to release such information without restriction or qualification to **TABB, INC.**, and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release the above sources and firms, including the above named Company and **TABB, INC.**, from liability for complying with this authorization. I understand that any offer of employment from the above named Company will be contingent upon the results of a number of factors including this background check.

SIGNATURE: _____ OTHER NAME(S) USED: _____

SOCIAL SECURITY NO.: _____

TABB INC.
P.O. Box 10; 555 E. Main St., Chester, NJ 07930
Phone (908) 879-2323 Fax (908) 879-8675

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment-or to take another adverse action against you-must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create score or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-800-XXX-XXXX.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 (800) 613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Div. of Consumer & Community Affairs Washington, DC 20551 (202) 452-3693
Savings associations and federally chartered savings banks, (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 (800) 842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke St. Alexandria, VA 22314 (703) 518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 (800) 934-FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Finance Management Washington, DC 20590 (202) 366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 (202) 720-7051