

## Frequently Asked Questions

Thank you for your interest in being a Youth Volunteer at SMITH Northview Hospital. We are looking for enthusiastic students who wish to serve others this summer.

What are the eligibility requirements?	Youth Volunteers must be between the ages of 14 and 18 on the day the program begins, be enrolled in school, and have a G.P.A of 3.0 or higher
When will the program begin and end?	The program will begin on June 9 <sup>th</sup> and end on July 30 <sup>th</sup> .
What is the deadline to submit my application?	April 16 <sup>th</sup> is the deadline for submitting applications. Don't forget your Recommendation Letter...
When is orientation?	Orientation will be on June 7 <sup>th</sup> from 8:00a to 1:00p and we will cover policies and procedures for the facility. You will then be introduced to your assignment and responsibilities. Orientation attendance is mandatory, but a make-up day may be scheduled.
What will I wear?	We will provide a polo shirt to wear along with khaki slacks. Only closed toed shoes may be worn. We will provide you with an ID badge at orientation.
What if I have to miss a shift?	We understand families travel over the summer . Youth Volunteers can miss no more than 4 scheduled shifts for vacations and have no more than 2 absences (for other reasons).
What assignments are available?	Assignments will be matched with your availability and preference and departmental needs. The Application has all the assignments listed. You will rank your preferences by listing them 1 through 3.
How many hours am I expected to work?	Youth Volunteers are scheduled for at least two 4 hour shifts in a week. Volunteers may not work more than 8 hours in a day, on weekends, nor work later than 5:00p. Volunteers in our Youth Pediatric After Hours Clinic (YPAC) may work until 8:00p and may work on Saturdays.
What are the benefits of volunteering?	There are many benefits to volunteering: (1) it gives you the opportunity to serve others, (2) if you are considering the medical field, this will give you "real world" experience, (3) volunteering can give you work experience and help prepare you for the professional working world, (4) you may apply for the Elizabeth Wilmot Bull Scholarship Fund, (5) a complimentary meal will be provided to volunteers on days they work a 4 hour shift

The application deadline is **April 16, 2010**. The application and recommendation letter can be submitted to the Human Resources department at SMITH Northview Hospital or faxed to 229-671-2010.

The selection process may involve:

1. Reviewing the application and reference letter.
2. Telephone or in-person interview
3. Conducting a background check

Applicant decisions will be completed no later than: May 15, 2010

For more information , feel free to contact Monica Boyd, Volunteer Coordinator, at 229-671-2004 or [mboyd@smithhospital.com](mailto:mboyd@smithhospital.com).



## SMITH Northview Hospital Youth Volunteer Program Application

DEADLINE: April 16, 2010

Applications may be delivered to the Human Resources Department or faxed to 229-671-2010.  
Applicants must consent to a background check. If selected for the program, an injection to see if the applicant has been exposed to Tuberculosis (P.P.D.) will be conducted at Orientation.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ Cell phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ AGE: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### PARENT INFORMATION:

Mother: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

### SCHOOL INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_

GPA: \_\_\_\_\_

### PREVIOUS VOLUNTEER OR CIVIC EXPERIENCE:

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Why do you want to volunteer at Smith Northview Hospital?

\_\_\_\_\_

\_\_\_\_\_

**HOBBIES, SPECIAL SKILLS OR INTERESTS:**

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

Do you have an interest in a Healthcare career? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have a friend or family member associated with Smith Northview Hospital? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**COMMITMENT:**

We ask that all youth volunteers make a commitment to volunteer at least 8 hours a week from June 7th to July 30th. Are you available to make this committment? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Are you able to attend orientation on Monday, June 7th from 8:00a to 2:00p? \_\_\_\_\_

If not, will you be able to attend a make-up orientation on Tuesday, June 15th? \_\_\_\_\_

**RECOMMENDATION LETTER:**

You must submit one recommendation letter or letter of support from a Guidance Counselor or Teacher. This letter can be submitted with your application, faxed to 229-671-2004 (Attention: Monica Boyd), or emailed to mboyd@smithhospital.com. This letter must be received by the application deadline of April 16, 2010.

DEPARTMENT PREFERENCE	
<b>Please number your preferences from 1 to 3</b>	
Patient Access	_____
Patient Dietary/Menu	_____
Radiology Patient	_____
Outpatient Nursing	_____
Inpatient Nursing	_____
Materials Management	_____
Pediatric Patient	_____
(only Mon-Thurs. from 5:00p to 8:00p and Saturday 8:00a - 12:00p)	

AVAILABILITY:	
What times are you available to volunteer on the following days?	
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday (Pediatric only)	_____

Are you required to volunteer: \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

In making application to the Smith Northview Hospital Volunteer Program, I hereby certify that I will abide by the by-laws and policies of this organization. I also certify that the information contained in this application is true and correct. I give my permission for this information to be verified by Smith Northview Hospital. I also understand I would be working in an atmosphere which deals with the welfare of others. Mature behavior would be expected of me at all times. I will be expected to be here when scheduled and on time. When absences are unavoidable, I MUST notify my department of service immediately. Excessive absences may result in me being asked to surrender my time slot to another volunteer on the waiting list. I agree to comply with all the requirements and regulations if selected as a Student Volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date available to start

*Thank you for your interest in us!*

**SMITH Northview Hospital  
Volunteer Services  
Youth Volunteer Program**

**Parent's Agreement  
(Required for all students Age 14 - 18)**

I hereby permit my son/daughter, \_\_\_\_\_,  
(print child's name)

to participate in the Youth Volunteer Program at Smith Northview Hospital. I realize the responsibilities of the organization and will cooperate with my son/daughter to comply with the rules and regulations of the organization. I will assume responsibility for his/her transportation.

In the event of a medical emergency, I permit the physicians in the Emergency Department of Smith Northview Hospital to treat my son/daughter.

If my son/daughter is chosen, I give permission for the P.P.D. This injection will determine if the student has been exposed to Tuberculosis. The test will be given during Orientation.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

PLEASE LIST ANY ALLERGIES OR CHRONIC ILLNESSES:

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

## GCIC Consent Form

In signing below, I hereby authorize the agency in possession of this document to release any and all Georgia criminal record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (print: Last, First, and Middle Name)

\_\_\_\_\_  
Alias names used and time periods used (print: Last, First, and Middle Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex Race

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

One of the following must be checked:

\_\_\_\_\_ This authorization is valid for ~~90 days~~ ~~180 days~~ (circle one) from the date of signature.

\_\_\_\_\_ I, \_\_\_\_\_ give consent to perform periodic criminal history background checks for the duration of my employment with this company.

## Consumer Disclosure Authorization for Background Investigation

In connection with my application for employment with Smith Northview Hospital, I fully understand that Smith Northview Hospital and/or IGI Employee Screening (IGI), as their agent, may request/perform a consumer report/background investigation on me.

The consumer report/background investigation may contain the following types of information: verification of prior employment(s) and dates of employment, academic achievement, professional licensure, and credit reports. I further understand the report may contain information about any prior criminal history, civil litigation, social security number verification, driving records, Uniform Commercial Code (UCC) filings, any liens or judgments, and bankruptcy as a result of a public record(s) search from any federal, state, or any other agency which might contain such records.

Information regarding conviction will not necessarily bar an applicant for employment, but will be reviewed in light of all the surrounding circumstances, including age at the time of the offense, seriousness and nature of the violation, rehabilitation, relationship of the offense to employment and federal statutory requirements.

I authorize and request all persons, schools, business, corporations, credit bureaus, courts, law enforcement agencies, armed forces, employment commissions, and all government agencies to release said information without restriction or qualification. I authorize a Photostat (or facsimile "Fax") of this release to be considered as effective as the original. All results will be proprietary and kept confidential, and will not be provided to any parties other than Smith Northview Hospital or its legal representative. I am aware that I have the right to request the nature and scope of the results, as reported, from Smith Northview Hospital. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

All background information obtained shall be utilized to assist in verification of the employment application. Retrieval and usage of this information complies with all Equal Opportunity Commission, Americans With Disabilities Act, and the Fair Credit Reporting Act (Laws, Rules, and Regulations). Smith Northview Hospital is an Equal Opportunity Employer, and does not discriminate as to race, color, gender, national or religious origin, age, disabilities or any other characteristic protected by law. I understand that the request for Date of Birth is for permissible purpose and not for purposes prescribed by the laws prohibiting age discrimination. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are least 40 years of age. It is unlawful for an employer to refuse to hire; discharge; or otherwise discriminate with respect to compensation, terms, conditions, or privileges of employment because of an individual's age.

I hereby declare that the answers to the questions on my application and related paperwork which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of fact(s) or omissions may form the basis for rejection of my application or for my dismissal after employment. I authorize IGI to provide the results of said information to Smith Northview Hospital or its representatives. If hired, this authorization shall remain on file and shall serve as ongoing authorization for Smith Northview Hospital and/or IGI to procure consumer reports/background investigations at any time during my employment period. I further release Smith Northview Hospital and IGI, its officers, employees, and agents, from any and all liability from the results and preparation of any reports concerning my background or myself. I understand and acknowledge that except as provided in the Fair Credit Reporting Act, I may not bring any action or proceeding against IGI, Smith Northview Hospital, or any user or furnisher of information, for defamation, invasion of privacy, or negligence with respect to the reporting of information disclosed pursuant to the Fair Credit Reporting Act, except as to false information furnished with malice or willful intent to injure me. **The facts set forth by me in this application are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE OF BIRTH

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **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 of 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](http://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 identify 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](http://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 scores 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](http://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](http://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 phone 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 1-888-567-8688.
- **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](http://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:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
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 Division 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 Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial 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