



"EMPLOYEE RELATIONS NETWORK MEMBER"

APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give **EMPLOYEE RELATIONS NETWORK MEMBER** and **EMPLOYEE RELATIONS, INC.** the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, credit, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. To the extent permitted by law, I indemnify you against any liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report, or other information, regarding me and may consult certain files which are available. I understand that, to the extent required by law, EMPLOYEE RELATIONS, INC. will retain the results of this investigation and a copy of my application for employment. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, to the extent permitted by law, I hereby fully waive any rights or claims I have, or may have, against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

Should an investigative consumer report be obtained from Employee Relations, Inc. in connection with my application for employment, I understand that I have the right to receive a copy of my report, free of charge, by checking the box below.

PLEASE PROVIDE ME A COPY OF ANY REPORT GENERATED ON ME AS A RESULT OF THIS APPLICATION FOR EMPLOYMENT

I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, credit, criminal background information, and my driving record.

APPLICANT NAME (PRINT): _____

PHONE: _____

Date of Birth: _____

DATE OF BIRTH INFORMATION IS COLLECTED FOR THE SOLE PURPOSE OF EXPEDITING YOUR BACKGROUND INVESTIGATION; IT IS NOT A FACTOR CONSIDERED IN THE EVALUATION OF YOUR APPLICATION FOR EMPLOYMENT.

E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRATION: ____/____/____

SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE

Volunteer Application

DATE:

Contact Information

PLEASE PRINT

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons

Interests

Tell us in which areas you are interested in volunteering

- Accounting
- Cardio Rehab
- Customer Service
- Escort
- Gift Shop
- Skilled Nursing
- Surgery Waiting
- Other

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous work/volunteer experience.

--

Person to Notify in Case of Emergency PLEASE PRINT

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

General Volunteer Questionnaire

DATE:

PLEASE PRINT

Name	
------	--

Why do you want to volunteer at Sonoma Valley Hospital?

What skills, education or experience do you have that you feel would qualify you for this position?

What volunteer position interests you the most? The least?

Please rate your office skills...typing, filing, fax machine, computer, knowledge of phone etiquette.

What do you feel are your strengths and weaknesses in the workplace?

If offered a volunteer position, when could you start?