

Volunteer Services Application

Carteret Health Care appreciates your interest in volunteering. Please acknowledge most volunteer positions are a time commitment of 2 to 4 hours once a week. Upon completion, return this form to the *Human Resources office*, attention: Virginia Cuthrell.

Volunteer Information		
Date:		
Last Name:		
First Name:		
Middle Initial:		
Address:		
Phone Number:		
Email Address:		

Emergency Contact Information		
Name:		
Phone Number:		
Relationship:		

How did you hear about volunteering at Carteret Health Care?

Check all the areas you are interested in volunteering:

Gift shop Information Desk Cancer Center

Courtesy Shuttle Driver Pet Therapy Human Resources Filing

No Preference

Other:

On-boarding | A volunteer may begin once-

- an application has been submitted
- the background check document is completed and returned by Insight
- all employee health requirements are met
- Safety Competency and HIPAA training is finalized



NAME (First, Middle, Last)	
MAIDEN NAME (If applicable)	
CURRENT ADDRESS:	HOW LONG?
CITY, STATE, ZIP:	
1 ST PREVIOUS ADDRESS	HOW LONG?
CITY, STATE, ZIP:	
2 ND PREVIOUS ADDRESS	HOW LONG?
CITY, STATE, ZIP:	
APPLICANT SOCIAL SECURITY NUMBER:	DATE OF BIRTH//
DRIVER'S LICENSE # AND STATE ISSUED:	
employment information including salary as we present driving records, education records, cree perform a criminal records search. I understand that FirstPoint does not guarantee the that FirstPoint will not be liable for any inaccur INSIGHT report. Further, I authorize my current and former errirstPoint and I hereby release and hold harmless who have provided information in connection with the provided informatio	to prepare an INSIGHT report that will include my present and previous ll as work performance. I also authorize FirstPoint to verify my past and dit history, and professional credentials. I further authorize FirstPoint to be accuracy or timeliness of the information obtained from other sources and racy in the information obtained from other sources that is included in the imployers, as well as other organizations to provide such information to a FirstPoint, my current and former employers, as well as other organizations the my INSIGHT report. **CONSUMER DISCLOSURE** **Dort (Insight) may be obtained from the FirstPoint, Inc for employment* **Included in the information obtained from the FirstPoint, Inc for employment*
APPLICANT'S SIGNATURE	DATE
For office use only Carteret General Hospital	Fax to Insight @ 1-800-888-3487
Criminal Records Motor Vehicle Record	Multi-State criminal Index FACIS (Healthcare Only)
SS number & Name Verification /Address search	
Criminal (Where?)(1)	$(2) \qquad (3)$

