



VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

Street City State Zip

TELEPHONE _____

Home Work

EMERGENCY CONTACT _____

Name Phone Relationship

REFERRAL SOURCE How were you referred to the Volunteer Program?

- | | |
|--|--|
| <input type="checkbox"/> Friend/Relative _____ | <input type="checkbox"/> Another Volunteer _____ |
| <input type="checkbox"/> Physician _____ | <input type="checkbox"/> Club/Organization _____ |
| <input type="checkbox"/> Newspaper Ad _____ | <input type="checkbox"/> Church/Synagogue _____ |
| <input type="checkbox"/> Other _____ | |

VOLUNTEER WORK OBJECTIVES

- | | | |
|--|---|--|
| <input type="checkbox"/> Learn new skills | <input type="checkbox"/> College requirement | <input type="checkbox"/> Help the community |
| <input type="checkbox"/> Have fun and relaxation | <input type="checkbox"/> Explore careers | <input type="checkbox"/> Meet/work with people |
| <input type="checkbox"/> Develop/use skills | <input type="checkbox"/> Make worthwhile use of free time | |
| <input type="checkbox"/> Other _____ | | |

EDUCATION

Grade Level Completed _____

Major _____

If presently a Student: _____

School

EXPERIENCE

PAID EMPLOYMENT (Most recent job first)

1. Organization _____ Job Title _____

Job Duties _____

Length of Service Under 1 year 1-5 years Over 5 years

2. Organization _____ Job Title _____

Job Duties _____

Length of Service Under 1 year 1-5 years Over 5 years

CURRENT OCCUPATION

- Employed Retired Student Looking for work Homemaker

VOLUNTEER EXPERIENCE

1. Organization _____

Job Duties _____

Length of Service Under 1 year 1-5 years Over 5 years

2. Organization _____

Job Duties _____

Length of Service Under 1 year 1-5 years Over 5 years

AVAILABILITY

What type of time commitment are you planning to make if your application is accepted by the Volunteer Program?

Mornings Mon Tues Wed Thurs Fri Sat SunAfternoons Mon Tues Wed Thurs Fri Sat SunEvenings Mon Tues Wed Thurs Fri Sat Sun

Total number of hours per week you would like to volunteer: _____

 I would like to work a few hours per month or on an as needed basis.

PLACEMENT PREFERENCES Office/Clerical Medical Records Involvement with people Front Lobby Long Term Care Materials Management Senior Living Services Housekeeping Acute Care Nursing Nutritional Services Patient Care Area Other: _____

SKILLS Please check any special skills, hobbies or special interest you may have. Typing Telephone Care Giver Cooking Computer Scheduling Working with Public Sign Language Sales Bookkeeping Public Speaking Photography Crafts Mailings Writing Newsletters Audio Visual Other: _____ Foreign Language: _____

REFERENCES

Please provide us with the names and phone numbers of two persons outside your family who know you and would be willing to respond to a reference request (i.e. neighbor, minister, employer, teacher).

Name Relationship Phone_____
Name Relationship Phone**I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by Scheurer Hospital. Misrepresentation of facts constitutes cause for separation from Volunteer Services.**_____
Name Date**Please return to or click
on the address to submit
via email:**Kelli Braun
170 N. Caseville Rd.
Pigeon, MI 48755



Employment Screening Release

In connection with my application for employment and/or contract for services with ***Scheurer Healthcare Network***, I hereby fully release and discharge Scheurer Healthcare Network, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, (and each of them), any individual organization, entity, agency, or other source providing information to Scheurer Healthcare Network, investigation of my background for employment purposes.

I understand and acknowledge that my duties may involve regular access to information pertaining to certain vulnerable populations. I understand that because of this access, it is necessary to obtain a Criminal History Report for me. I consent to ***Scheurer Healthcare Network*** obtaining such a report and understand that the report is necessary prior to the time that I may begin working for Scheurer Healthcare Network. I further agree to provide identifying information necessary to obtain a criminal history report. A Criminal History Report may include but is not limited to obtaining information covering FACIS (Fraud and Abuse Control Information System/Sanction), OIG (Office of Inspector General), GSA (General Service Administration), NPDB (National Practitioner's Data Bank), Medical License Verifications, Adult Abuse/ Registered Sex Offender, State and National Criminal History Checks, OTIS (Offender Tracking Information System), Government Suspect List, Social Security Number Verification, Education Verification, Professional License Verification, and Department of Transportation. Each of these searches may vary depending on position applying for. In the event an investigative consumer report is concluded, I understand and acknowledge such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I have reviewed the attached list of offenses, (attached document: "Prohibited Acts"), which may disqualify me from having regular access to information pertaining to certain vulnerable populations. I certify that I have not been convicted of any offense listed. Further, I certify that no charge is currently pending against me for any listed offense and I am not currently under investigation for a violation of any of the listed offenses.

I also attest to the following:

1. I have not been convicted of any crime listed on the attached document; "Prohibited Acts"
2. I have not been the subject of an order or disposition of any matter by reason of insanity;
3. I have not been the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency;
4. I recognize that if a criminal history report is returned which is inconsistent with these statements it will be grounds for termination unless and until the information is proven incorrect through an appeal process which I may initiate; and
5. I recognize the violation of these statements is good cause for termination.

In the event that Scheurer Healthcare Network wishes to continue the employment process after receiving a limited criminal history report, I understand that it is necessary to have my fingerprints taken by a certified fingerprint collection facility and entered into various fingerprint databases, including the Federal Bureau of Investigation (FBI) database. ***I consent to the collection of my fingerprints and understand that the collection of my fingerprints must be completed within 10 days following the receipt of the "Long Term Care Workforce Background Check Fingerprint Request Form."***

I have been informed and provided with a copy of my rights of the consumer pursuant under the Fair Credit Reporting Act (FCRA). I have also been provided with a disclosure that an investigative consumer report will be sought pursuant to FCRA.

In signing this document, I hereby authorize and give my consent to Scheurer Healthcare Network to contact individuals who may have information relating to my suitability for employment and for this procurement of consumer report(s). If hired, (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Scheurer Healthcare Network to procure consumer reports at any time during my employment (or contract) period. I also understand if my application for employment is granted, Scheurer Healthcare Network may obtain further information through subsequent investigation so as to update, renew or extend my employment.

For purposes of gathering information, I agree to supply the following information:

Last Name												First Name												M.I	
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Other Names Known By -(Maiden Name or any other name you were employed under other than the above)																							
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Date of Birth		Social Security Number						Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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Current Address																							
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City/State												Zip Code						# Years at this address					
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Previous Address																							
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City/State												Zip Code						# Years at this address					
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Driver's License Number											
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Professional License Number											
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Signature **Date**

Prohibited Acts	Prohibited Acts
<p data-bbox="373 172 741 199" style="text-align: center;"><u>Lifetime Ban from Healthcare</u></p> <p data-bbox="92 235 1014 354">An individual convicted of any of the following felonies or convicted of a criminal offense resulting in exclusion as an individual from participation in any federal healthcare program. (OIG Excluded Provider List) will be permanently banned from providing healthcare services in Michigan.</p> <ul data-bbox="92 388 999 748" style="list-style-type: none"> ▪ A conviction of a criminal offense related to the delivery of an item or service under Medicare or Medicaid ▪ Felony conviction involving patient abuse or neglect ▪ Felony conviction involving healthcare fraud ▪ Felony conviction involving the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance ▪ An individual is the subject of an order of disposition in a finding of not guilty by reason of insanity (NGRI) ▪ An individual is the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency (e.g. State Dept. of Health surveys) pursuant to an investigation conducted in a nursing facility (42 USC 1395i-3 or 1396r) <p data-bbox="373 782 741 810" style="text-align: center;"><u>15 Year Ban from Healthcare</u></p> <ul data-bbox="92 846 1014 1357" style="list-style-type: none"> ▪ Felony with the intent to cause death or serious impairment of a body function, that results in death or serious impairment of a body function, with the use of force or violence or that involves the threat of the use or force or violence. The crimes referenced include any of the following: homicide, assault and infliction of serious injury; felonious assault (without intent to commit murder or to inflict great bodily harm less than murder; assault with intent to commit murder; assault with intent to do great bodily harm less than murder; assault with intent to maim; and attempt to murder) ▪ Felony conviction involving cruelty or torture ▪ Felony conviction involving abuse of a vulnerable adult ▪ Felony conviction involving criminal sexual conduct (commonly known as "rape") ▪ Felony conviction involving abuse or neglect (generally related to vulnerable adults) ▪ Felony conviction involving the use of a firearm or dangerous weapon ▪ Felony conviction involving diversion or adulteration of a prescription drug or other medications 	<p data-bbox="1346 172 1713 199" style="text-align: center;"><u>10 Year Ban from Healthcare</u></p> <ul data-bbox="1045 235 1997 626" style="list-style-type: none"> ▪ All other felony convictions except those described within the 15 Year Ban from Healthcare ▪ Misdemeanor conviction involving abuse of a vulnerable adult ▪ Misdemeanor conviction involving criminal sexual conduct (generally 4th degree CSC) ▪ Misdemeanor conviction involving cruelty or torture ▪ Misdemeanor conviction involving abuse or neglect ▪ Misdemeanor conviction involving the use of a firearm or dangerous weapon with the intent to injury ▪ Misdemeanor involving the use of a firearm or dangerous weapon that results in a personal injury ▪ Misdemeanor involving the use of force or violence or the threat of the use of force or violence <p data-bbox="1346 631 1703 659" style="text-align: center;"><u>5 Year Ban from Healthcare</u></p> <ul data-bbox="1045 695 2003 964" style="list-style-type: none"> ▪ Misdemeanor conviction involving cruelty if committed by a person who is less than 16 years old (generally cruel treatment of animals) ▪ Misdemeanor conviction involving home invasion ▪ Misdemeanor conviction involving embezzlement ▪ Misdemeanor conviction involving negligent homicide ▪ Misdemeanor conviction involving larceny (stealing but not shoplifting) ▪ Misdemeanor conviction of retail fraud in the 2nd degree (shoplifting) ▪ Any other misdemeanor conviction involving assault, fraud, theft, or the possession or delivery of a controlled substance <p data-bbox="1346 998 1703 1026" style="text-align: center;"><u>3 Year Ban from Healthcare</u></p> <ul data-bbox="1045 1062 1997 1206" style="list-style-type: none"> ▪ Misdemeanor conviction for assault without the use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily harm ▪ Misdemeanor conviction of retail fraud in the 3rd degree ▪ Misdemeanor conviction involving creation, delivery, or possession with intent to manufacture or deliver a controlled substance <p data-bbox="1346 1240 1703 1268" style="text-align: center;"><u>1 Year Ban from Healthcare</u></p> <ul data-bbox="1045 1304 2003 1455" style="list-style-type: none"> ▪ Misdemeanor conviction involving creation, delivery, or possession with intent to manufacture or deliver a controlled substance if the person was under the age of 18 at the time of conviction ▪ Misdemeanor conviction for larceny or retail fraud in the 2nd or 3rd degree if the person is under the age of 16 at the time of conviction

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.

- **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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.
- **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.consumerfinance.gov/learnmore.

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. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>