

# MERCY VOLUNTEER APPLICATION

Mercy Hospital Lebanon • 100 Hospital Drive • Lebanon, MO 65536 • 417-533-6017

## Our Mission

As the Sister of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.



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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (required)

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ (required)

In Case of Emergency, Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reference - Someone who has know your for a minimum of one year and is not a relative:

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

Work History: Name of Company, Dates of Employment

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

Past of current Volunteer Experience (if current, please indicate days/shifts worked):

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

### For Office Use Only

Application Received: \_\_\_\_\_ Background Check Submitted: \_\_\_\_\_ Order Number: \_\_\_\_\_

ePaf Completed: \_\_\_\_\_ Lawson #: \_\_\_\_\_ Network ID: \_\_\_\_\_

Volunteer Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

Do you have any physical limitations or restrictions? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

**Volunteer Opportunities:**

Information Desk • Gift Shop • Patient Escort • Curry Cancer Center • Surgery  
Emergency Department • Chaplin Services • Food Services

**Days & Times Available :** (please circle all available times)

**Monday - AM/PM      Tuesday - AM/PM      Wednesday - AM/PM**

**Thursday - AM/PM      Friday - AM/PM      Saturday - AM/PM**

If I am accepted as a volunteer, I will abide by the mission statement of the health system, be conscientious in fulfilling my responsibilities, conduct myself in a professional manner, keep confidential all information, attend meetings and in-service as requested and accept instructions and supervision as needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Profile Advantage Consent

# Profile Advantage Consent

FCRA DISCLOSURE AND ACKNOWLEDGMENT

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Mercy Health ("the Company") may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

The report may be generated by First Advantage (Post Office Box 105292, Atlanta, GA 30348, 1-800-845-6004, [www.fadv.com](http://www.fadv.com)) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I hereby acknowledge that I have read and understand each of the above statements.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: If you would like to receive a copy of a consumer report if one is obtained by the Company please check here

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Once this authorization is loaded to our platform, please contact Mercy to request a copy of the report.

Consent and Authorization:

First Name (given name): \_\_\_\_\_

Last Name (family name): \_\_\_\_\_

Country: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

I have read and accept the terms of this profile. The electronic signature below is equivalent to a handwritten signature.

Signature: \_\_\_\_\_

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

# Request for Background Check

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA Names, Etc.)		

**Social Security Number**

			-			-			
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**Date of Birth**

		-			-			
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MONTH

DAY

YEAR

Current Address		
City	State	Zip Code

**List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:**

City	State	Zip Code	From Date	To Date	
					□
					□
					□
					□