

Volunteer Application Packet

Lakeview Regional Medical Center
A Campus of Tulane Medical Center
95 Judge Tanner Boulevard
Covington, LA 70433
(985) 867-3951

Volunteers are helping hands to our staff and patients

YOUR PACKET SHOULD INCLUDE:

- Welcome Letter from the Volunteer Coordinator
- Volunteer Application
- Volunteer Contract Agreement
- Pre-check Form (Background Check)

Instructions:

1. Complete and sign the Volunteer Application
2. Review the Volunteer time commitment and responsibilities information.
3. Return your completed paperwork to Alisha Kennedy, Volunteer Coordinator, Lakeview Regional Medical Center, 95 Judge Tanner Boulevard, Covington, LA 70433.
4. A volunteer is expected to give a four hour weekly commitment.
5. Uniforms consist of khaki slacks, tennis shoes or closed-in toe shoes. **NO SANDLES OR FLIP FLOPS.** Ladies will be provided with 1 uniform polo shirt and a navy blazer or vest. Gentlemen will be provided with 1 uniform polo shirt and a navy blazer. ***All active volunteers will receive 2 free dry cleanings a year on their uniform blazer or vest.***

If you have any questions regarding these forms or procedures, please contact:

Alisha Kennedy
Volunteer Coordinator
Lakeview Regional Medical Center, a Campus of Tulane Medical Center
95 Judge Tanner Boulevard
Covington, LA 70433

Telephone No. (985) 867-3951

Email: alisha.kennedy@hcahealthcare.com

WELCOME

Dear Applicant,

Thank you for expressing an interest in becoming a volunteer at Lakeview Regional Medical Center. Contributions of time, talent and resources are essential in fulfilling our mission. By dedicating your time to our hospital, you will become part of a unique group which is committed to our "patient first" approach, as well as, play an important role in our community.

Once your application process is completed and approved, I will contact you to schedule an interview. The purpose of this interview is to discuss our program requirements, your interests, and volunteer needs here at Lakeview. At that time, you will be scheduled to attend a mandatory orientation program that will provide you with the information you will need to start your journey as a Volunteer.

Through your dedication as a LRMC Volunteer, you will help provide the personal touch appreciated by patients, visitors, guests and staff. You will also be helping us meet our mission, vision and goals. Thank you for considering LRMC with your time and commitment. You will, I am sure, benefit from your experience with us.

If you have any questions or do not hear from us within two weeks after returning your application, please call me at (985) 867-3951. I will look forward to meeting you!

Sincerely,

Alisha Kennedy
Volunteer Coordinator

Lakeview Regional Medical Center, a Campus of Tulane Medical Center Volunteer Auxiliary

TO BECOME A VOLUNTEER AT LAKEVIEW REGIONAL MEDICAL CENTER, YOU MUST:

- Be capable of volunteering a minimum of four hours per week.
- Complete a Volunteer Application.
- Schedule an interview with our Volunteer Coordinator.
- Pass a criminal background investigation.
- Attend a one day **Mandatory Orientation**.
- A mandatory TB skin test will be provided the day of orientation at no charge.

WHO ARE LRMC VOLUNTEERS?

Our volunteers are individuals who willingly give their time to assist with patient and non-patient care at Lakeview Regional Medical Center. All of your kind and generous efforts add to the comfort and happiness of our patients, our staff and our visitors. Volunteers get as much as they give!

WHEN DO VOLUNTEERS VOLUNTEER?

- Each volunteer has his/her own schedule, arranged with the Volunteer Coordinator. Schedules are dependent upon the needs of the departments, as well as the availability of the Volunteer and are required to work at least one four hour shift per week.
- Vacations, family leave or illness times will be taken into consideration on an individual need, subject to Volunteer Coordinator's approval.

WHAT ASSIGNMENTS DO VOLUNTEERS PERFORM? AND MORE

- Administration
- Admitting Desk – Host/Hostess
- Comfort Cart
- Floor 3
- Gift Shop
- Human Resources - Greeter
- Information Desk – Host/Hostess
- Outpatient Surgery – Host/Hostess
- Radiology – Host/Hostess
- Women's Center - Greeter

VOLUNTEER BENEFITS

In addition to the personal satisfaction derived from being a volunteer, you are entitled to the following benefits:

- **Awards and Recognition Luncheon:** As outlined in the Section on Awards and Recognition, Lakeview Regional Medical Center is honored to invite you to attend the Recognition Luncheon in April.
- **Meals:** When you work a shift of four (4) hours or more, you are entitled to a meal from the Hospital Cafeteria.
- **Liability Insurance:** Volunteers are included in the Hospital's Liability Insurance. ***This includes all areas of the Hospital and Medical Office Building.*** This protects you from monetary loss should anyone claim injury due to alleged negligence by you.
- **Employee Activities:** You are invited to attend all hospital events, including Hospital Week, Turkey giveaways, Holiday luncheon, etc.

Gift Shop: Volunteers receive a ten percent (10%) discount on purchases made in the Gift Shop. Discounts are not offered on **sale merchandise, candy, gift bags, plants, balloons, and cards.**

LAKEVIEW REGIONAL MEDICAL CENTER, A CAMPUS OF TULANE MEDICAL CENTER

VOLUNTEER AUXILIARY APPLICATION

Last Name: _____ Date: _____

First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security No.: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Place of Employment _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Physician's Name: _____ Phone: _____

EMPLOYMENT HISTORY

(Please provide 7 years of employment history)

CURRENT EMPLOYMENT

| | | | | |
|-----------------|-----------|------------------------------|------------------|-------------------|
| <u>FROM</u> | <u>TO</u> | <u>COMPANY</u> | <u>PHONE NO.</u> | <u>SUPERVISOR</u> |
| <u>POSITION</u> | | <u>WORK HOURS & DAYS</u> | | |

PREVIOUS EMPLOYMENT

| | | | | |
|-----------------|-----------|------------------------------|------------------|-------------------|
| <u>FROM</u> | <u>TO</u> | <u>COMPANY</u> | <u>PHONE NO.</u> | <u>SUPERVISOR</u> |
| <u>POSITION</u> | | <u>WORK HOURS & DAYS</u> | | |
| <u>FROM</u> | <u>TO</u> | <u>COMPANY</u> | <u>PHONE NO.</u> | <u>SUPERVISOR</u> |
| <u>POSITION</u> | | <u>WORK HOURS & DAYS</u> | | |

EDUCATIONAL BACKGROUND

| | <u>NAME OF SCHOOL</u> | <u>CITY AND STATE</u> | <u>GRADUATED</u> | <u>DEGREE/CERTIFICATE</u> |
|-------------------------|-----------------------|-----------------------|------------------|---------------------------|
| <u>HIGH SCHOOL/GED</u> | | | YES ___ NO ___ | |
| <u>COLLEGE</u> | | | YES ___ NO ___ | |
| <u>GRADUATE PROGRAM</u> | | | YES ___ NO ___ | |
| <u>OTHER TRAINING</u> | | | YES ___ NO ___ | |

INTEREST/SKILLS

(PLEASE CHECK AREAS OF INTEREST/SKILLS THAT YOU WOULD BE WILLING TO USE AS A VOLUNTEER)

CLERICAL SKILLS

| | | |
|--------------|--------------------|-----------------|
| APHABETIZING | MAKING COPIES | RECORD UPDATING |
| COMPUTER | NUMERICAL UPDATING | SALES |
| FILING | PHONE/RECEPTIONIST | TYPING |

PATIENT CARE SERVICES *(as applicable to hospital)*

| | | |
|---|------------------------|--|
| GREETING PATIENTS, THEIR FAMILIES OR VISITORS | PATIENT TRANSPORT | |
| MESSENGER SERVICE | VISITING WITH PATIENTS | |

COMMUNICATION SKILLS

| | | |
|---|--------------|-------------|
| CALLIGRAPHY | GRAPHIC ARTS | JOURNALISM |
| FOREIGN LANGUAGE <i>(please specify)</i> | | PHOTOGRAPHY |

CRAFT SKILLS *(to use or teach)*

| | | |
|---------------------|--------------|----------------|
| CERAMICS | CROCHETING | SCRAP BOOKING |
| COUNTED CROSS-STICH | FUND RAISING | SEWING |
| CRAFTS | KNITTING | SPECIAL EVENTS |

WHAT IS YOUR PREFERRED LOCATION OF ASSIGNMENT AT LRMC?*(Please specify your first, second and third choice)*

| | | | |
|-------------------------------|--|-----------------------------------|--|
| ADMINISTRATION | | HUMAN RESOURCES - GREETER | |
| ADMITTING DESK – HOST/HOSTESS | | INFORMATION DESK – HOST/HOSTESS | |
| COMFORT CART | | OUTPATIENT SURGERY – HOST/HOSTESS | |
| FLOOR 3 | | RADIOLOGY – HOST/HOSTESS | |
| GIFT SHOP | | WOMEN’S CENTER - GREETER | |

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO VOLUNTEER?

| | | | | | |
|-----------|---------------|----------------|------------------|-----------------|---------------|
| | <u>MONDAY</u> | <u>TUESDAY</u> | <u>WEDNESDAY</u> | <u>THURSDAY</u> | <u>FRIDAY</u> |
| MORNING | | | | | |
| AFTERNOON | | | | | |

FOLLOWING FAMILY MEMBERS ARE EMPLOYED AT LRMC:

I CAN BEGIN WORKING ON:

REFERENCES

| | | |
|---|-------|---------------|
| NAME <i>(please give complete name)</i> | PHONE | EMAIL ADDRESS |
| ADDRESS | | |
| NAME <i>(please give complete name)</i> | PHONE | EMAIL ADDRESS |
| ADDRESS | | |
| NAME <i>(please give complete name)</i> | PHONE | EMAIL ADDRESS |
| ADDRESS | | |

I agree that the above information is correct as of the date it has been signed

Signature of Applicant: _____ Date: _____

**LAKEVIEW REGIONAL MEDICAL CENTER, A CAMPUS OF TULANE
MEDICAL CENTER**

VOLUNTEER AUXILIARY

VOLUNTEER CONTRACT/COMMITMENT AND CONFIDENTIALITY AGREEMENT

- I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from a patient
- My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian and charitable reasons.
- I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies "for compensation" both on and off Lakeview Regional Medical Center property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation to the Volunteer Coordinator.
- I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive express authorization of the Volunteer Coordinator to engage in these services.
- I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I authorize person(s) making tests of x-ray films to report the results to Lakeview Regional Medical Center.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- I shall attempt to resolve any problems related with my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problems with the Volunteer Coordinator.
- I shall make my best effort to fulfill my commitment to Lakeview Regional Medical Center by completing all assignments that I accept.
- I shall at all times uphold the philosophy and standards of Lakeview Regional Medical Center.
- I understand that the Volunteer Auxiliary reserves the right to terminate any volunteer as a result of:
 - Failure to comply with Lakeview Regional Medical Center policies, rules and regulations.
 - Absences without prior notification.
 - Unsatisfactory attitude, work or appearance.
 - Any other circumstances which, in the judgment of the Volunteer Coordinator, would make my continued services as a volunteer contrary to the best interests of Lakeview Regional Medical Center
- I understand that Lakeview Regional Medical Center assumes no responsibility for any contact, visits, or services provided by me outside of the responsibilities assigned through the Volunteer Program of Lakeview Regional Medical Center.

I have read each of the above conditions and I agree to be bound by them.

NAME (please print):

SIGNATURE:

DATE:

VOLUNTEER COORDINATOR

DATE:

HCA

Hospital Corporation of America™

*This Form to be used in conjunction with the Form entitled "Authorization for Use and Disclosure of Protected Health Information For Marketing and/or Promotional Purposes"

CONSENT FOR USE AND DISCLOSURE OF IMAGE, VOICE AND/OR WRITTEN TESTIMONIALS

For good and valuable consideration, receipt of which is hereby acknowledged, I authorize HCA Management Services, L.P., and its affiliates (collectively, "HCA") and its respective parents, affiliates, subsidiaries, licensees, successors, and assigns to videotape and/or photograph me and record my voice, conversations, and sounds, including the right to publish any verbal or written statements, testimonials or biographical information I may provide regarding HCA and its services, employees or staff, and including photographing, taping, and/or recording my medical condition(s) or treatment(s) (collectively, the "Materials"). I understand that for purposes of this consent, the terms "image," "voice" and "photograph" encompass still photographs, digital images, audiotapes and any other method to reproduce or edit my likeness, image or voice, now known or hereafter developed.

HCA shall be the owner of the results and proceeds of such taping, photography, and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright, to use, to publish, and to license others to use in any manner, including on the Internet, all or any portion thereof or of a reproduction thereof, free of any payment, royalty, or other compensation of any kind to me. I expressly understand and agree that the Materials and all results and proceeds derived therefrom, shall be the sole and absolute property of HCA for any and all purposes whatsoever in perpetuity, free and clear of all claims whatsoever by me and/or on my behalf. I further represent that any statements made by me during my appearance or in the Materials are true to the best of my knowledge and that neither they nor my appearance will violate or infringe upon the rights of any third party. I hereby represent and warrant that I have not given any other person, entity or firm the exclusive right to use by name, likeness, voice or photograph, and that by signing this document I am not in breach of any other agreement to which I am a party.

I hereby waive any right of inspection or approval of the Materials and my appearance in such Materials and the uses to which such Materials may be put. I agree that the Materials may be edited in the sole discretion of HCA and that HCA is under no obligation to use the Materials. I acknowledge that HCA will rely on this permission potentially at substantial cost to HCA and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

I hereby acknowledge that I am solely responsible for any statements made by me during the recording of my voice and/or likeness as described above, which statements shall consist solely of my opinions and do not necessarily represent those of HCA, which is not responsible for the content of such statements. I hereby forever release and discharge HCA, and its respective members, officers, employees, customers and representatives from any and all claims, demands, actions, liabilities and damages whatsoever arising out of or attributable to, in whole or in part, the use of the Materials.

I hereby acknowledge that neither HCA nor any of its agents or employees have made any representations or warranties of any kind with respect to any medical or other advice or information that I may receive in connection with my appearance and that I have not relied on any such representations or warranties in agreeing to participate in the recording of my voice and/or likeness as described above or in the execution of this Consent for Use and Disclosure of Image, Voice and/or Written Testimonials (the "Consent").

I am signing this Consent as my voluntary act and deed, having read it in its entirety and understanding the contents thereof to my satisfaction, and I acknowledge that it is binding upon me, my legal representatives, heirs and assigns. I understand that this Consent will be signed contemporaneously with the form entitled Authorization for Use and Disclosure of Protected Health Information for Marketing and Promotional Purposes (the "Authorization"), and I agree that in the event of conflict between the two documents, the terms of the Authorization shall govern.

Signature of Individual or Legal Representative: _____

Print Name: _____ Date: _____

Relationship of Legal Representative to Patient (e.g., parent, guardian):

Lakeview Regional Medical Center - Volunteer/High School Students #
12117

APPLICANT INFORMATION

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. _____ / _____ / _____ Date of Birth _____
Email address: _____ (Provide if you prefer to receive information via email)
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level (GED – provide state) _____
Campus Name _____ Campus City _____ Campus State _____
Name on GED or under which you graduated _____
Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:
Name as it appears on license/Certification/Registry _____
Type _____ State/Region or Issuing Organization _____ Country _____ Number _____
Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

*Before answering the question below, you MUST carefully read the following information:
Do not report any conviction which state law allows you to lawfully deny, as set forth in the [state notices](#) that you must review before answering. You are not required to disclose minor violations or infractions. A conviction will not necessarily be a bar to employment. This information will be used to determine if the conviction is related to the job sought. Factors such as age, severity, and nature of the offense(s), etc. will be considered. Failure to honestly respond may result in discontinued consideration or termination of employment. You confirm that you have read the state notices above and confirm that the information you provide is true and accurate.

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony? If you answer Yes, you must provide details. Yes No (Please attach a separate sheet of paper to provide additional entries)
Offense _____ County _____ State _____ When _____
Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency. (Please attach a separate sheet of paper to provide additional entries)

1. City: _____ State: _____ Date From: _____ Date To: _____
2. City: _____ State: _____ Date From: _____ Date To: _____
3. City: _____ State: _____ Date From: _____ Date To: _____
4. City: _____ State: _____ Date From: _____ Date To: _____

STATE LAW NOTICES

California applicants or employees only: Please mark this field _____ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California applicants or employees only: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.

Colorado applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Connecticut applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Maryland applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Massachusetts applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432.

Minnesota applicants or employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; [1-888-773-2432. Place an X here _____ for a disclosure to be sent to you. Place an X here _____ for a free copy of your consumer report to be sent to you.

Montana applicants or employees only: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative

consumer report.

New Jersey applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com.

New York applicants or employees only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting that agency. Please mark this field to receive a copy of Article 23-A that will be presented once you complete this process: _____

Oklahoma applicants or employees only: Mark an X here _____ you would like to receive a free copy of your report.

Oregon applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. 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. Any requests under this paragraph to the CRA should be made to PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888- 773-2432, www.precheck.com. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Vermont applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

I have read and understand the above information and assert that all information provided by me is true and accurate. By signing below, I agree that my present employer may be contacted for verification of employment.

Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Nevada Private Investigator License # 1618

Lakeview Regional Medical Center - Volunteer/High School Students #
12117

VOLUNTEER AUTHORIZATION

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT 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 Lakeview Regional Medical Center - Volunteer/High School Students at any time after receipt of this authorization and throughout the term of my volunteering, 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of Lakeview Regional Medical Center - Volunteer/High School Students, and/or Lakeview Regional Medical Center - Volunteer/High School Students itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ Date _____

Name: _____ DOB _____

Last four digits of SSN _____

Parent/Guardian Signature: _____ Date _____

Lakeview Regional Medical Center - Volunteer/High School Students #
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VOLUNTEER DISCLOSURE

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] 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 throughout the course of your volunteering with the Company to the extent permitted by law.