



Volunteer Application Form

Date of Application: _____

Last Name: _____

First Name: _____

Phone: _____ **Preference:** Call Text

Address: _____

E-mail: _____

Birth Date: _____

Do you authorize the Volunteer Program to add your contact information to our volunteer list? Yes No

Do you agree to allow your photo to be taken and used for recruitment, recognition and/or other official Volunteer Program uses? Yes No

Work/Volunteer Experience: _____

Hobbies and/or Activities: _____

Why did you decide to volunteer at MVH/IFCH? _____

Preferred Volunteer Position:

- Information Desk Lobby Surgical Waiting Room Snack Cart PALs
 Emergency Room ICU Baby Photos Pain Clinic Teton Cancer Institute

Second Choice Position:

- Information Desk Lobby Surgical Waiting Room Snack Cart PALs
 Emergency Room ICU Baby Photos Pain Clinic Teton Cancer Institute

If you have any questions, please email volunteer@myhospital.net or call/text 208-569-7589.

Presently Employed? Yes No Employer: _____

Education/Training/Foreign Language: _____

Emergency Contact: _____ Phone _____

Medical Doctor: _____ Phone _____

References:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Time Available:	M	T	W	Th	F
Morning 7-11:45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 11:45-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you available weekends or evenings? _____

Have you ever been accused, disciplined, found guilty or convicted of any type of harassment, violence or infraction involving dishonesty or financial impropriety in the work place?

Yes No

If YES, explain: _____

Have you ever been convicted or entered into a plea bargain for a crime?

Yes No

If YES, explain: _____

Are there any work activities or conditions you must avoid?

By signing below you are confirming that the above information is true to the best of your knowledge.

Signature _____ Date _____

**MOUNTAIN VIEW HOSPITAL AND IDAHO FALLS COMMUNITY HOSPITAL VOLUNTEER
CONFIDENTIALITY AGREEMENT**

Organizational information that may include, but is not limited to, financial, patient identifiable, employee identifiable, intellectual property, financially non-public, contractual, of a competitive advantage nature, and from any source or in any form (i.e. electronic, paper, magnetic or optical media, oral, film, etc.) is considered confidential. Information's confidentiality and integrity are to be preserved and its availability maintained. The value and sensitivity of information is protected by law and by the strict policies of MVH and IFCH. The intent of these laws and policies is to assure that confidential information will remain confidential through its use. Unauthorized release of confidential information may have personal, civil, and/or criminal liabilities and legal penalties attached including prosecution under Federal and State of Idaho laws.

It is the policy of MVH and IFCH that users (e.g. employees, medical staff, physician, office staff, students, volunteers, vendors, outside affiliates, and allied health professional staff) shall respect and preserve the privacy and confidentiality of patient and personnel information.

I, THE UNDERSIGNED, AGREE TO COMPLY WITH THE FOLLOWING TERMS AND CONDITIONS:

1. I am responsible and accountable for any data available to me. I will keep all information that I see or hear confidential.
2. I will not request any information I have no responsibilities for. In addition, I will not access any other confidential information, including personnel, billing or private information.
3. If I have reason to believe that the confidentiality that I have signed has been compromised, I will immediately contact the Volunteer Coordinator.
4. I will not disclose any confidential information unless required to do so in the official capacity of my employment or contract. I also understand that I have no right or ownership interest in any confidential information.
5. I will comply with all policies and procedures and other rules of MVH and/or IFCH relation to confidentiality of information and sign-on codes.
6. I agree to return all documents, etc., and any other information that is property of MVH and/or IFCH that I may have in my possession when requested by my manager or upon termination of my affiliation with MVH & IFCH.
7. I agree not to use the information in any way detrimental to the organization and will keep all such information confidential.
8. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential unless these are a need to know basis.
9. I will limit distribution of confidential information to only parties with a legitimate need in performance of the organization's mission.
10. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship.
11. This agreement shall survive the termination, expiration, or cancellation of this agreement.

I further understand that if I violate any of the above terms, I may be subject to disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to MVH and/or IFCH.

SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

Consumer Disclosure

We (**Mountain View Hospital and/or Idaho Falls Community Hospital**) will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is General Information Services, Inc. GIS's address is P.O. Box 353, Chapin, SC 29036. GIS's telephone number is (866) 265-4917. GIS's website is at www.geninfo.com, where you can find information about GIS's international privacy practices.

To prepare the reports, GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that GIS provides and GIS's files about you (in person, by mail, or by phone) by providing identification to GIS. If you do, GIS will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If GIS obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed. Please sign below to acknowledge your receipt of this disclosure.

Signature_____

Printed Name_____ Date_____

Consumer Authorization

Authorization: By signing below, you authorize: (a) General Information Services, Inc. ("GIS") to request information about you from any public or private information source; (b) anyone to provide information about you to GIS; (c) GIS to provide us (**Mountain View Hospital and/or Idaho Falls Community Hospital**) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information:

Please **print** the information requested below to identify yourself for GIS.

First _____ Middle (none) _____ Last _____

Other names used: _____

Current and former addresses:

_____	<u>CURRENT</u>	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. GIS will not use it for any other purposes.

_____ Date of birth

_____ Social security number (**required**)

_____ Driver's license number & state

_____ Name as it appears on license

If you have any questions, please email volunteer@myhospital.net or call/text 208-569-7589.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

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 report 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 20552.

- 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 identity 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 mortgages 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 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 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
- 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.

If you have any questions, please email volunteer@myhospital.net or call/text 208-569-7589.

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:
a) Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b) Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau	a) Bureau of Consumer Financial protection 1700 G Street NW Washington DC 20552 b) Federal Trade Commission: Consumer Response Center – FCRA Washington DC 205080 877.382.4357
To the extent not included in item 1 above: a) National banks, federal savings associations, and federal branches and federal agencies of foreign banks b) State member banks, branches, and agencies of foreign banks (other than federal banks, 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 c) Nonmember insured banks, insured state branches of foreign banks, and insured state savings associations d) Federal credit unions	a) Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston TX77010-9050 b) Federal reserve Consumer Help Center PO Box 1200 Minneapolis MN 55480 c) FDIC Consumer Response Center 1100 Walnut Street Box#11 Kansas City MO 64106 d) National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria VA 22314
Air carriers	Asst. General Counsel for Aviation Enforcement and Proceedings Department of Transportation 400 Seventh St SW Washington DC 20590
Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington DC 20423
Creditors subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street SW 8 th Floor Washington DC 20416
Brokers and dealers	Securities and Exchange Commission 100 F St NE Washington DC 20549
Federal Land Banks, federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean VA 22102-5090
Retailers, Finance Companies, and all other creditors not listed above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington DC 20580 877.382.4357

ADDITIONAL INFORMATION ABOUT THE FAIR CREDIT REPORTING ACT

The Summary of your Rights provided above does not reflect certain amendments contained in the Consumer reporting Employment Clarification Act of 1998. The following additional information may be important for you:

- Records of convictions of crimes can be reported regardless of when they occurred.
- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for that job and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly obtained orally, in writing or electronically. If an adverse action is taken against you because of a consumer report for which you gave consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address, and phone number of the consumer reporting agency, orally, in writing, or electronically.

Article 23-A
 Licensure and Employment of Persons Previously
 Convicted of One or More Criminal Offenses
 Section750. Definitions

If you have any questions, please email volunteer@myhospital.net or call/text 208-569-7589.

Section 751. Applicability

Section 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

Section 753. Factors to be considered concerning a previous criminal conviction; presumption

Section 754. Written statement upon denial of license or employment

Section 755. Enforcement

750 Definitions. For the purposes of this article, the following terms shall have the following meanings:

- 1) Public agency means the state or any local subdivision thereof, or any state or local department, agency, board or commission
- 2) Private employer means any person, company, corporation, labor organization or association which employs ten or more persons.
- 3) Direct relationship means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question
- 4) License means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that license shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire an explosive, pistol, handgun, shotgun, or other firearm.
- 5) Employment means any occupation, vocation, or employment, or any form of vocational or educational training. Provided, however, that employment shall not, for the purposes of this article, include membership in any law enforcement agency.

751 Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person who is convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

752 Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reasons of a finding of lack of good moral character when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses unless:

- 1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by that individual; or
- 2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

753 Factors may be considered concerning a previous criminal conviction; presumption.

- 1) In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
 - a. The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
 - b. The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
 - c. The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
 - d. The time which has elapsed since the occurrence of the criminal offense or offenses
 - e. The age of the person at the time of occurrence of the criminal offense or offenses
 - f. The seriousness of the offense or offenses.
 - g. Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct
 - h. The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public
- 2) In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption or rehabilitation in regard to the offense or offenses specified therein.

754 Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

755 Enforcement

- 1) In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
- 2) In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York City commission on human rights.