



**Past Experience In:**

- Clowning College
- Event Planning
- Health Care Certifications / License
- Music
- CPR Certification
- Financial Skills / Accounting
- Leadership Position
- Professional Photography
- Desktop Publishing / Newsletters
- Fund Raising
- Marketing / Public Relations

**Placement Information** – UAB Volunteers may be placed at UAB Hospital, UAB Highlands, UAB clinics, or Callahan Eye Hospital. Please check the boxes next to your areas of interest and/or write in any desired placement areas into the appropriate field. Volunteer Services Staff will use your skills, experience, interest, and availability to find a placement for each volunteer.

**Areas you would like to volunteer in:**

- Administrative/Office
- Breast Health Clinic
- Cancer Related
- Clowning / Bingo
- Feeding Assistance
- Fund Raising
- Gift Shop
- Non-Patient Care Areas
- Palliative Care
- Pastoral Care
- Patient Care Areas
- Reading to Patients
- Red Cross
- Support Groups
- Waiting Rooms
- Wayfinding

Other:

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**Availability** – Please indicate the days and times you are available to volunteer. Please note that we will ask all adults to commit to one (1) four-hour shift each week, with a commitment of at least six months. College students must give a minimum of one (1) four-hour shift each week, with a commitment of at least one full semester.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Expected Start Date: \_\_\_\_\_

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**Miscellaneous**

Why do you want to be a volunteer with UAB Medicine?

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Have you ever worked or volunteered for UAB Health System before? Y N

How did you hear about our Volunteer Program?

- Employee/Visitor
- Friend/Relative
- Mass Media
- Place of Worship
- Saw a Volunteer
- School Advisor/Counselor
- Self-Referral
- Social Group/Professional Organization
- Website
- Other

Please list two individuals unrelated to you as references:

1. \_\_\_\_\_  
Name Phone Relationship

2. \_\_\_\_\_  
Name Phone Relationship

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### Medical History

Who may we contact in case of an emergency or illness (please list two):

1. \_\_\_\_\_  
Name Home, Work, and/or Mobile Phone Relation

2. \_\_\_\_\_  
Name Home, Work, and/or Mobile Phone Relation

**Personal Health Information** – Please list any medications or food to which you’re allergic. Please list any pertinent medical conditions you may have. Also, let us know if you have ever had a positive TB Skin Test or received the BCG vaccine that shows false positive TB Skin Tests. You may also fully describe any special accommodations you require. Please note that all applicants will be required to have a negative TB Skin Test and vaccinations required by UAB Employee Health (e.g. flu) prior to volunteering.

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### Certification by Applicant

*I certify that the information given on this application and any other supporting documentation is true and correct and hereby grant UAB Medicine permission to verify such answers. I understand that any false statement on this application will constitute sufficient grounds for the rejection of this application and/or termination of my volunteer status. I pledge to uphold and adhere to the rules and policies of volunteering with UAB Medicine, the Guidelines of UAB Volunteer Services, and the Policies and Procedures herein.*

*UAB Medicine recommends that all volunteers maintain personal health insurance. Volunteers are not eligible for the On-the-Job Injury/Illness (OJI) benefits that are provided to UAB Medicine employees to cover expenses in the event of an injury or illness that may occur while providing volunteer services at UAB. If a volunteer chooses not to carry health insurance, a signature below indicates that volunteer understands that he/she is not eligible for OJI benefits and accepts full financial responsibility for any costs incurred for medical care necessary to treat accident, illness or injury sustained as a result of volunteering for UAB Medicine.*

*I acknowledge by checking the box below that I have read and understand these statements, and that I take financial responsibility for my own health care.*

\_\_\_\_\_  
Signature Date

### UAB Medicine Volunteer Services

Contact Information  
Website:  
uabmedicine.org/volunteer-services  
Phone: 205.934.4270 / Fax: 205.934.3222  
E-mail: [volunteerservices@uabmc.edu](mailto:volunteerservices@uabmc.edu)

Mailing: Volunteer Services  
619 19<sup>th</sup> Street South  
Spain Wallace W136  
Birmingham, AL 35249

Physical Address: Volunteer Office  
620 19<sup>th</sup> Street South  
Spain Wallace W136  
Birmingham, AL 35249

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### For Office Use Only:

Date App. Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Orientation Date: \_\_\_\_\_ Orientation Completed by: \_\_\_\_\_

Type of Volunteer: Adult \_\_\_\_\_ College \_\_\_\_\_ Flags (if any) \_\_\_\_\_

Volunteer Placement(s)/Day(s)/Time(s): \_\_\_\_\_

# PRE-EMPLOYMENT/VOLUNTEER SERVICE INQUIRY CONSENT AND RELEASE FORM

## UAB MEDICINE HOSPITAL VOLUNTEERS:

By completing this form, you are giving UAB permission to check your criminal background history. We do **NOT** run a credit report on any volunteer.

I understand that, in connection with my application for employment/volunteer service with The University of Alabama at Birmingham or UAB Health System and its entities, there will be an investigation and certain inquiries made about my background, including but not limited to, the preparation of a consumer credit report by a credit reporting agency, and information about my character, work habits, job performance and professional experience from any past employers. My past employers will also be asked to confirm the reason for my separation from their employment. I understand that if an adverse action is taken against me as a result of information obtained from a credit reporting agency, I will be provided a "Summary of your Rights Under the Fair Credit Reporting Act" and a copy of the consumer report. The University of Alabama at Birmingham nor UAB Health system and its entities will not use information obtained from credit report in a manner that would violate any federal or state equal opportunity law otherwise in a manner inconsistent with the Federal Fair Credit Reporting Act. I also understand that The University of Alabama at Birmingham and UAB Health System and its entities will receive reports from various federal, state and local agencies, including but not limited to, my driving record, criminal history (including pleas and convictions), sex offender status and civil litigation history. The University of Alabama at Birmingham and UAB Health System and its entities may also receive information from insurance companies regarding my claims history with those companies. The University of Alabama at Birmingham and UAB Health System and its entities will verify GED, diplomas, degrees, professional certifications, and licensure reported as having been awarded.

I hereby authorized The University of Alabama at Birmingham/UAB Health System and its entities, its employees, agents and other authorized representatives to seek such information in connection with my application for employment. Further I hereby authorize, without reservation, any party, person, entity, or agency contracted by The University of Alabama at Birmingham/UAB Health Systems and its entities in connection with my application for employment/volunteer service to provide The University of Alabama at Birmingham/ UAB Health System and its entities such information concerning my background, character, employment history, and other matters set forth. In the request as it may then have in its possessions, The University of Alabama at Birmingham/ UAB Health System and its entities may recheck information during my employment/volunteer service, as it pertains to my job/volunteer requirements, such as driving record. I hereby release The University of Alabama at Birmingham/UAB Health System and its entities; its employees, agents, and other authorized representatives from any and all liability resulting from any pre-employment inquires made by The University of Alabama at Birmingham/UAB Health System and its entities.

### Criminal History

If you have ever been convicted of any crimes (felony or misdemeanor including DUI) other than routine traffic citations, please list each offense, the date of conviction, and the city, county, and state where convicted. This must include convictions for healthcare crimes. If this does not apply to you, please put "NA" (not applicable) in the first block and sign below.

\* = required filed

*Requisition No.	<input type="text"/>
*Criminal History Type of Offense	<input type="text"/>
Date of Conviction(s)	<input type="text"/>
City/County/State of Conviction(s)	<input type="text"/>
*Criminal History Type of Offense	<input type="text"/>
Date of Conviction(s)	<input type="text"/>
City/County/State of Conviction(s)	<input type="text"/>

NOTE: Conviction of a felony or misdemeanor does not automatically disqualify you from employment. However, failure to disclose a conviction may disqualify you from consideration from employment or may result in termination without notice.

# MOVING TRAFFIC CITATIONS

Please list all moving traffic violations **received within three years** from the date of this application.

If this does not apply to you, please put "NA" (not applicable) in the first block and sign below.

\*Moving Traffic Citations - Type of Offense

Date of Conviction(s)

City/County/State of Conviction(s)

\*Moving Traffic Citations - Type of Offense

Date of Conviction(s)

City/County/State of Conviction(s)

\*Moving Traffic Citations - Type of Offense

Date of Conviction(s)

City/County/State of Conviction(s)

## GOVERNMENTAL PROGRAM(S) AND PROFESSIONAL LICENSE(S)

Have you ever been sanctioned, suspended, or barred from participation in any federal or state government programs, including, but not limited to, the Medicare, Medicaid, and CHAMPUS programs?

Y N

If yes, please explain:

Have you ever had a professional license denied suspended or revoked, placed on probation, or limited in any manner?

Y N

If yes, please explain:

# DEMOGRAPHIC INFORMATION

\*Applicant First Name

\*Applicant Last Name

\*Maiden Name or Other Name(s) Used

\*Present Address (Permanent)

\*City/State/Zip Code

\*How long at this address?

Former Address (If lived at Present address less than 7 years)

City/State/Zip

How long at this address?

\*Date of Birth

\*Social Security Number

\*Driver's License Number

\*State of Issue

Expiration Date

\*Signature

\*Date of Signature

## 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.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

**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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).

**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 1-888-5-OPTOUT (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.ftc.gov/credit](http://www.ftc.gov/credit). **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. Federal enforcers are:**

For questions or concerns regarding	Please contact
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC

## APPLICATION SUBMISSION

Applications can be submitted in any of the following ways:

- Emailed to [volunteerservices@uabmc.edu](mailto:volunteerservices@uabmc.edu)
- Faxed to 205-934-2222
- Via mail:
  - Spain Wallace  
Volunteer Services  
W 136 619 19<sup>th</sup> Street South  
Birmingham, AL 35249
- Hand delivered to Spain Wallace W136

## VOLUNTEER SERVICES ORIENTATION DIRECTIONS

### Spain Wallace Building, W100D

- Park in the 4<sup>th</sup> Avenue Deck, which is located between 18<sup>th</sup> and 19<sup>th</sup> Streets South, on 4<sup>th</sup> Avenue South.
- **Remember to bring your parking ticket with you from the car.**
- You will enter the building on the 2<sup>nd</sup> floor crosswalk.
- Stay on the 2<sup>nd</sup> floor crosswalk and you'll cross the first street (5<sup>th</sup> Avenue), and walk all the way through North Pavilion, and across another street (6<sup>th</sup> Avenue).
- You'll be following the signs towards the West Pavilion.
- The hallway jogs left then right. Just do this and you'll stay on the main hallway.
- You'll come to a busy intersection and the Hospital Laboratory doors are directly in front of you. Turn LEFT here.
- You have just entered the Spain Wallace Building.
- Take the elevator down to the first floor.
- If you are facing away from the sliding doors, you'll turn right down the hallway just past the elevators.
- At the end of the hall, turn right, walk through the sitting area, and turn right again.
- W100D will be on your right.
- If you get turned around, go to the Information Desk on the 1<sup>st</sup> floor of Spain Wallace and ask for the Guest Services Training Room

If you get lost anywhere in the hospital, don't hesitate to ask an employee to help you get to Spain Wallace, or call our office at 934-4270.