Dear College Applicant:

Thank you for your interest in our College Volunteer Program at Lexington Medical Center. We are delighted that you are considering volunteering your time to assist patients, visitors, and staff at Lexington Medical Center.

Application Process:

1. Complete the on line application/or submit paper copy
2. Invitation to attend a mandatory orientation will be mailed to you
3. Provide a copy of your immunization records & complete a health assessment (more information will be provided about this step in your orientation letter)

If you have an questions, please call the Volunteer Office at 803-791-2573 or email althomas1@lexhealth.org

Thank you,

April Thomas
Volunteer Coordinator
Junior and College Programs

Volunteer Department

COLLEGE STUDENT VOLUNTEER PROGRAM APPLICATION

2720 Sunset Blvd. West Columbia, SC 29169
803-791-2573

Lexington Medical Center is an equal Opportunity Employer and pledges to provide equal opportunities without regard to race, color, religion, age, sex, national origin, disability or veteran's status. Lexington Medical Center provides a smoke- free work environment.

Date______________________

SECTION I: GENERAL INFORMATION

Name____ **Birthdate**________________
Last First Middle

Social Security Number____________________________ **Phone Number**____________________ **Cell Phone**________________

E-Mail Address____

Present Address____
Number Street

____
City State Zip

In Case of Emergency, Notify ____
Name Relationship

____
Address

____
Home Phone Cell Number Business Phone

Volunteer Position Preference_____________________ **Availability: Morning**_______ **Afternoon** ______ **Evening**_______

Have you been convicted of anything other than minor traffic violations? ___________**Yes,** __________**No. If yes,**

(Please explain)____
(Conviction of a crime is not an automatic bar to volunteering-other circumstances will be considered)

Please list any special skills, experience, hobbies, and/or interests____

SECTION II Education

SCHOOL NAME AND LOCATION	DATES ATTENDED	GRADUATED	DEGREE/DIPLOMA
High School -			
College -			
Special training, professional or technical School -			

SECTION III: EMPLOYMENT/VOLUNTEER HISTORY

Please list any professional and/or volunteer experience____

____

If currently employed, please complete the following:

Name and address of Company	Dates From/To	Job Title
______________________________________	____________	____________
______________________________________		

Duties____

SECTION IV: Please list reasons for wanting to volunteer:__________________________________

____

SECTION V: REFERENCE

REFERENCE (PLEASE LIST A PERSON WHO YOU AUTHORIZE US TO CONTACT FOR A REFERENCE. PLEASE NO RELATIVES) MUST HAVE A COMPLETE ADDRESS. PLEASE PRINT

NAME________________________________

EMAIL ________________________________

ADDRESS______________________________

CITY/STATE/ZIP_________________________

RELATIONSHIP__________________________

I certify that the information I have given on this application is true and complete and agree that any false information including that given at the time of physical examination is cause for dismissal. The company, schools and person named above may give information regarding me and I release them from all liability for doing so. I understand that any offer by the Volunteer Services Department is conditional on satisfactory replies from references, background check, health reference and physical examination, which includes blood and/or urine tests to detect the presence of illegal drugs or alcohol. This is not a contract for the Volunteer Services Department and Lexington Medical Center has the right to separate you from the volunteer program at any time as you have the right to leave at any time. If qualified for volunteer service, I agree to abide by the rules and regulations of Lexington Medical Center, that policies and procedures of the Volunteer Service Department and the department to which I am assigned. I will respect the confidentiality of patient information and abide by all HIPAA guidelines

______________________________ ______________________________

Signature Date

Notice/Authorization for Release of Information for Volunteer Purposes
Investigative Consumer Report

This form will not be accepted if altered, illegible, or incomplete.

In connection with my application for volunteering with Lexington Medical Center, I authorize Lexington Medical Center-Volunteer Services, Background America, Inc., or its agents to procure a consumer report, SLED report and/or investigative consumer report about my background, character or reputation, including, but not limited to, information as to my employment, education, consumer credit history, driving record, social security number verification, criminal record and/or other public records history as is applicable to volunteering. I authorize all persons to fully disclose information relevant to this investigation. I further authorize that a photocopy of this authorization may be considered as an original. I understand that all offers of volunteering are contingent upon the results of this background investigation.
I have read and understand this statement and I authorize, any person, agency or other entity contacted by Lexington Medical Center, Background America, Inc., or its agents, to furnish the above-mentioned information.

Signature **Social Security #** **Driver's License #** **State**

Print name (last, first, middle initial) **Other names used (alias, maiden, nickname)**

Current address

City **State** **Zip Code** **County**

Previous addresses (for the past seven years): **Dates lived here:**

____ ________________________
Street, City, State **County**

____ ________________________
Street, City, State **County**

____ ________________________
Street, City, State **County**

- Have you ever been convicted of, or plead guilty or no contest to any crime (anything other than a minor traffic violation)? YES___NO___ If yes. What? ____
- Have you ever been convicted in a military court marital? YES___NO___
- Are you currently under any investigation or pending charge? YES___NO___
- Have you ever been sanctioned, disciplined, debarred and/or excluded by a duly authorized regulatory agency? YES___NO___
- Is your license/certification currently in a probationary status, restricted or limited in any way? YES___NO___

I certify that the information contained on this form is true and correct and I understand that my application or volunteering will be terminated based on any false, omitted or fraudulent information. Further, I understand that this Authorization/Release form shall remain in effect for the duration of my volunteering with Lexington Medical Center.

____
Signature Date

Date of Birth(month/day/year)__________________________

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