



Dear Prospective Volunteer:

Thank you for considering volunteering your time at Saint Luke's Hospital. We offer rewarding volunteer experiences as you serve the patients at Saint Luke's Hospital.

Checklist to start the volunteer process:

- Complete and return the profile.
- Complete and return the Volunteer Health Statement. The volunteer and the physician must complete the Health Statement. This statement does not require an exam; it is documentation from your physician that you are well enough to volunteer. An Interview may be scheduled before the Health Statement is returned. *[A TB (tuberculosis) skin test is required and is available at Saint Luke's Hospital at no cost.]*
- Sign and return the personal Background Check Authorization form and the Background Check Request Form

To schedule an interview call 816/932-2448. This will provide an opportunity to discuss your volunteer interests, to meet other volunteers and to investigate the areas of service.

My goal is to match your interests and skills with the volunteer opportunity. I appreciate your interest in volunteering at Saint Luke's Hospital and I look forward to meeting you.

Sincerely,

Kay B. Weir, CAVS
Director, Volunteer Services
816/932-2448 Fax 816/932-3888
kweir@saint-lukes.org



4401 Wornall Road, Kansas City, MO 64111 816/932-2183

ADULT VOLUNTEER PROFILE

SOCIAL SECURITY #: _____/_____/_____ E-MAIL ADDRESS:

NAME: _____
_____ (LAST) (FIRST) (MIDDLE)

ADDRESS: _____
_____ (STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____ BIRTHDATE:
____/____/____
 Can call at work CELL: (____) _____ ANY:
PRESENT EMPLOYER, IF

BUSINESS _____ EXPERIENCE:

VOLUNTEER EXPERIENCE/ ORGANIZATIONAL MEMBERSHIPS:

HOW WERE YOU REFERRED TO SLH VOLUNTEER SERVICES? _____

Interest ER Info Desk Computer/Clerical Foreign/Sign Language Other
& Reception Errands/Flower Del Pt Visitation/companion Gift Shop
Skills: Newsletter Child Care Transportation Support Group/Mentor

I WOULD BE AVAILABLE: S M T W TH F S Daytime
Evenings

IN CASE OF EMERGENCY NOTIFY:

(NAME) (RELATIONSHIP) (____) _____
(DAY PHONE NUMBER)

(PHYSICIAN) (____) _____
(DAY PHONE NUMBER)

PERSONAL REFERENCES: Please list two; do not include relatives.

(____) _____	_____	_____	_____	_____	_____
Name	Street Address	City	State	Zip	Phone
Relationship					

() _____	_____	_____	_____	_____	_____
Name	Street Address	City	State	Zip	Phone
Relationship _____					

Have you been charged or convicted in criminal proceeding? YES NO (If yes please explain on reverse side)

I understand that I will receive no remuneration for services that I provide. I agree to maintain confidentiality concerning all guest information and adhere to the policies and procedures that have been established by Saint Luke's Hospital. I understand all hospital volunteers require an annual TB Test and a background check. I give permission to Saint Luke's Hospital to contact my physician, references and to conduct a personal background check. I hereby certify that the information contained in this profile is true and correct.

Signature _____

Date _____

NONDISCRIMINATION AND EQUAL OPPORTUNITY STATEMENT

It is the policy of Saint Luke's Hospital not to discriminate on the basis of race, color, national origin, sex, age religion or disability in admissions or access to, or treatment of employment in, its programs activities, or in the provision of physician staff privileges.

Responsible person: Vice President Human Resources – 816-932-3820.

Saint Luke's Health System Facilities

*Crittenton Children's Center
10918 Elm Avenue
Kansas City, MO 64134
(816) 767-4124*

*Saint Luke's East
100 NW Saint Luke's Blvd.
Lee's Summit, MO 64086
(816) 347-5000*

*Saint Luke's Northland
5830 NW Barry Road
Kansas City, MO 64154
(816) 880-6083*

*Saint Luke's Plaza
4401 Wornall Road
Kansas City, MO 64111
(816) 932-2183*

*Saint Luke's South
12300 Metcalf Avenue
Overland Park, KS 66213
(913) 317-7405*

*Cushing Memorial Hospital
711 Marshal
Leavenworth, Ks 66048
(913) 684-1184*

*Saint Luke's East
100 Saint Luke's Blvd.
Lee's Summit, MO 64086
(816) 347-4930*

*Saint Luke's Cancer Institute
4321 Washington Suite 4000
Kansas City, MO 64111
(816) 932-8638*

* * * * *

[For department use only]

Interview Date/Time _____

By _____

Start Date/Time _____ Health Statement Background check sent received

Manual Parking Pass Safety Orientation/Video Uniform References Sent received Uniform purchased

T.B. Skin Test Screening 1. _____ 2. _____ Driver's License # Vehicle Insurance documentation

Policies Discussion Tour Assignment

_____/_____/_____ (day) (time) (position)

REMARKS:

08/06



saintlukeshealthsystem.org

4401 Wornall Road, Kansas City, MO 64111 816/932-

2183

VOLUNTEER HEALTH STATEMENT

Name of Prospective Volunteer

Name of Physician

Check Facility: Crittenton
 Saint Luke's North
 Saint Luke's South

Saint Luke's East Cabot Clinic
 Saint Luke's Plaza
 Cushing Memorial

Prospective Volunteer Please Complete this section

Circle any items you have:

- Allergies
- Hearing Problems
- Heart Problems
- Hepatitis
- High Blood Pressure
- Tuberculosis

- Foot Problems
- Arthritis
- Asthma
- Back Problems
- Diabetes
- Epilepsy

Mental Illness

Fainting Spells

Do you have any limitations, which would affect the type of volunteer position you could perform? [] Yes [] No If yes, please explain_____

Are you presently under a physician's care? [] Yes [] No If yes, please explain._____

Do you take medication? [] Yes [] No If yes, please explain_____

I authorize the release of the following information to the Saint Luke's Health System Volunteer Services Department.

Applicant's Signature

Date

Social Security #

(Reverse page for Physician)



Name of Prospective Volunteer _____ Social Security # ____ -

(to authorize release of information)

This section to be completed by Physician

Please forward information requested in conjunction with application for Volunteer Service with Saint Luke's Hospital.

_____ I see no medical reason why this person should not volunteer.

_____ This person should volunteer with the following restrictions.

_____ This person should not be a volunteer.

Rubella Test/MMR Immunization:

[Applicable to females of child bearing age only]

_____ Date of most recent TB skin Test

or

_____ Is free of active tuberculosis as established by a tuberculin skin test, chest x-ray, or appropriate follow-up of previous examination. If x-ray is contraindicated, please comment on follow-up & whether patient will pose hazard to others.

A TB Skin Test is required for all volunteers.

[Test provided at facility.]

COMMENTS:

Signature of Physician

Printed Name of Physician

Address/ City/State/Zip

____/____/____
Phone

____/____/____
Date

Return form to Saint Luke's Hospital Volunteer Services

P.O. Box 119000, Kansas City, MO 64111

Fax: (816)932-3888

INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your profile to volunteer, an investigative consumer report and consumer reports, which may contain public record information, may be requested from USIS Commercial Services {"USIS"}. These reports include elder and child abuse.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. LSIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

A written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission is available upon request from Human Resources.

Print Prospective Volunteer Full Name

Date

Prospective Volunteer Signature

INVESTIGATIVE CONSUMER REPORT RELEASE

Pursuant to the Investigative Consumer Report Disclosure previously delivered to me, I authorize USIS Commercial Services to prepare a consumer report or investigative consumer report about me for volunteer-related purposes. I have been informed that I can receive a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA) from Saint Luke's Human Resources,

I hereby fully release and discharge USIS, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to USIS from all claims and damages arising out of or relating to any investigation of my background for volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility to volunteer, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. As a volunteer, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my volunteer.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my acceptance to volunteer.

Today's Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States and Counties of Residence for the past;

- 3 years
- 5 years
- 7 years
- 10 years (Attach a separate sheet if more space is needed.)

State	City/County	from	to	
State	City/County	from	to	Address _____
State	City/County	from	to	City _____ State _____ Zip _____
State	City/County	from	to	Social Security No. _____ Date of Birth _____

Driver's License No, _____ State Issuing License _____

Sex: Male Female Race: Asian Black Hispanic White Other.
(Circle one) (Circle One)

Notice to California Applicants

Under California law, the consumer reports we order on you for volunteer purposes with in the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. USIS may be contacted by mail P.O. Box 3.1181, Tulsa, Oklahoma, 74153, or by phone at (800) 318-0645. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.

(California applicants only)

For Office use:

Company Name: Saint Luke's Health System Location No.: _____ Company Code: _____