



Dear Prospective Volunteer:

Thank you for considering volunteering your time at Saint Luke's Health System. We offer rewarding volunteer experiences.

Here is a checklist to complete to start the volunteer process:

- Complete the profile and return to facility address.
- Complete and return the Volunteer Health Statement. Both 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 facilities at no cost.]*
- Sign and return the personal Background Check Authorization form and the Background Check Request Form.

To schedule an interview call the facility of choice (listed on the profile). The interview provides you an opportunity to discuss your volunteer interests, meet other volunteers and investigate the areas of service.

Our goal is to match your interests and skills with the right volunteer opportunity. We appreciate your interest in volunteering at Saint Luke's Health System and look forward to meeting you.

NONDISCRIMINATION AND EQUAL OPPORTUNITY STATEMENT

It is the policy of Saint Luke's Health System 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 employee: Administrative Director of Civil Rights – 816-932-3600

Saint Luke's Health System Facilities

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

*Cushing Memorial Hospital
711 Marshall
Leavenworth, KS 66048
(913) 684-1184*

*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*

*Cabot Westside Clinic
2121 Summit
Kansas City, MO 64108
(816)471-0980*

*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*

*SLHS Home Health-Hospice
3100 Broadway #300
Kansas City, MO 64111
816/756-1160*

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[for department use only]

Interview Date/Time _____
By _____

Start Date/Time _____ Health Statement References Sent References checked

Manual Parking Pass Safety Orientation/Video Uniform Badge Uniform purchased

T.B. Skin Test Screening 1. _____ 2. _____ 2 Background Check Forms _____

Policies Discussion Tour Assignment
_____/_____/_____
(day) (time) (position)

REMARKS:



SAINT LUKE'S HEALTH SYSTEM

saintlukeshealthsystem.org

93-7669

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: _____

VOLUNTEER HEALTH STATEMENT

Name of Prospective Volunteer

Name of Physician

Check Facility: Crittenton Children's Center
 Saint Luke's North
 Saint Luke's South
 Home Health-Hospice
 Cabot Westside Clinic

Cushing Memorial
 Saint Luke's Plaza
 Saint Luke's East
 Saint Luke's Cancer Institute

Prospective Volunteer Please Complete this section

Circle any items you have:

Allergies
Hearing Problems
Heart Problems
Hepatitis
High Blood Pressure
Tuberculosis
Other Infectious Conditions
Mental Illness

Foot Problems
Arthritis
Asthma
Back Problems
Diabetes
Fainting Spells
Epilepsy

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)



SAINT LUKE'S HEALTH SYSTEM

saintlukeshalthsystem.org

Prospective Volunteer Name _____ **SS#** _____
(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 Health System.

_____ 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.

_____ 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 in-hospital 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 Health System Volunteer Services of Choice