

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc. (GIS), on behalf of LIFEPOINT HOSPITALS, INC may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with LIFEPOINT HOSPITALS, INC. and its affiliates' consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with LIFEPOINT HOSPITALS, INC. and its affiliates, and give my full consent for this information to be obtained.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

III. According to the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

IV. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

V. I understand that if I am a resident of Minnesota/Oklahoma (only) I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by GIS to furnish the information described in Section I.

VII. Upon proper identification, you have the right to make a request to GIS, within a reasonable period of time, as to 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 GIS has previously furnished. Communications with GIS should be directed to PO Box 353, Chapin SC 29036 or (866) 265-4917.

CANDIDATE COMPLETE THE FOLLOWING:

Signature Today's Date Please PRINT Full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day and Year of Birth Social Security Number

Home Address City State Zip

Driver's License Number and State Name as it appears on License

Gender (Male/Female)

Previous Addresses for the Last 7 Years (use additional page if needed)

Street Address City State Zip

Street Address City State Zip

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by LIFEPOINT HOSPITALS, INC by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS 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 GIS in person or by mail. You may also receive a summary of the file by telephone. 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.

**HOSPITAL AUXILIARY OF THE LOS ALAMOS MEDICAL CENTER, INC.
VOLUNTEER APPLICATION**

WORK INTEREST

Name _____

Year Joined _____

Address _____

Telephone No. _____

Check Those That Are of Interest To You

1. In-Hospital Service

- _____ Information Desks (Lobby)
- _____ 2nd Floor
- _____ Lobby Shop
 - _____ Sales
 - _____ Buying
 - _____ Display
 - _____ Marketing
- _____ Newsletter
- _____ Ambulatory Treatment Unit (ATU)

2. Arts and Crafts

- _____ Teddy Bears
- _____ Baby Caps

3. Donations

- _____ Craft Materials (teddy bears & baby caps)

4. Hospital Related External Activities

- _____ Health Fair

**HOSPITAL AUXILIARY OF THE LOS ALAMOS MEDICAL CENTER, INC.
VOLUNTEER APPLICATION**

The Purpose of the Auxiliary is to contribute to the best interests of the hospital and its patients through ways approved by the Governing Board of the Los Alamos Medical Center. This purpose is accomplished by the interpretation of the hospital to the public, through service to the hospital and its patients and through fund raising.

VOLUNTEER PLEDGE

Believing that the hospital has real need of my services as a volunteer worker:

- I will be punctual and conscientious in the fulfillment of my service as a volunteer worker.
- I will conduct myself with dignity, courtesy and consideration.
- I will consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any member of the personnel, and will not seek information in regard to a patient.
- I will take any problems, criticisms or suggestions to the Hospital Auxiliary President.
- I will endeavor to make my work of the highest quality.
- I will uphold the traditions and standards of this hospital, and will interpret them to the community at large.

Your Signature

**HOSPITAL AUXILIARY OF THE LOS ALAMOS MEDICAL CENTER, INC.
VOLUNTEER APPLICATION**

CODE OF RESPONSIBILITY

- Be Convinced** **Don't offer your services unless you believe in the value of what you are doing.**
- Be Loyal** **Offer suggestions, but don't "knock." Accept the rules. Don't criticize what you don't understand; there may be a good reason.**
- Speak Up** **Ask about the things you don't understand. Don't coddle your doubts and frustrations until they drive you away or turn you into a problem worker.**
- Be Willing to Learn** **Training is essential to any job well done.**
- Keep on Learning** **Know all you can about your hospital and your job.**
- Welcome Supervision** **You will do a better job and enjoy it more if you are doing what is expected of you.**
- Be Dependable** **Your word is your bond. Do what you have agreed to do. Don't make promises you can't keep.**
- Be a Team Player** **Find a place for you on the team. The "lone operator" is pretty much out of place in today's complex community.**

"What you see here, what you hear here, what you say here, when you're in here, let it stay here, when you leave here."

**HOSPITAL AUXILIARY OF THE LOS ALAMOS MEDICAL CENTER, INC.
VOLUNTEER APPLICATION**

RULES AND ETHICS

1. Report for duty in uniform. Heavy, distinctive jewelry is not suitable; no heavy perfume or perfumed cosmetics and no socks with white skirts. Smock tops, with emblem sewn one inch down from left shoulder seam on sleeve, worn with white blouse, white pants or white skirt and white shoes. Tunics or cobbler aprons, emblem sewn top center, worn with white blouse with sleeves and white shoes. Smocks, tunics, cobbler aprons and emblems may be secured through the Auxiliary Office.
2. Maintain neat, immaculate appearance.
3. Hospital affairs are STRICTLY CONFIDENTIAL and must be so regarded by all volunteers. Volunteers should never discuss information concerning patients either with the patients or with others. No comments should be made either inside or outside the hospital concerning a patient's physical condition.
4. When it is necessary for you to be absent, arrange for a substitute to cover your assignment or call your chairman or scheduler.
5. Make sure your service hours are recorded in the HOURS book . Auxilians working in-hospital must sign in and out in DAILY LOG book.
6. Never give advice or an opinion as to diagnosis or treatment to a patient, as this might be interpreted as coming from medical authority.
7. Accept supervision from the proper supervisor and give full cooperation to your chairman.
8. Ask floor supervisor which rooms may not be entered. Always knock before entering a patient's room.
9. Do not question the rules and reasons for them as set down by the hospital.
10. Do not use workstation phone to make personal calls.
11. Smoking is not permitted in the hospital.
12. Keep your money with you or lock in your automobile trunk, as hospital cannot be responsible.
13. If you see anything out of order, report to or question the Auxiliary president or first vice president.
14. *The Executive Committee of the Hospital Auxiliary retains the right to dismiss any volunteer engaged in in-hospital work for just cause.*

**HOSPITAL AUXILIARY OF THE LOS ALAMOS MEDICAL CENTER, INC.
VOLUNTEER APPLICATION**

ORIENTATION FOR NEW MEMBERS

1. A breach of confidentiality will not be tolerated: what you hear, see or even suspect at the LAMC stays there. Don't share it even with your best friend or spouse. Anyone violating this rule will be terminated immediately.
2. Before going to their workstation, volunteer must sign in the Auxiliary Daily Log book located in the Lobby Shop.
 - a. This will be available in case of emergency.
 - b. This will help others find you (family, auxiliary members, etc.).
 - c. In case you have an accident while working, this will show the insurance company that you were here.
 - d. This information can be given to you for tax purposes if you choose.
3. Volunteer must sign out in the daily log book before leaving LAMC.
4. Volunteer should add their total hours on the individual time sheets. This is for all hours you spent for the Auxiliary (meetings, committees, homework, etc.) as well as station hours.
5. If unable to work your schedule shift, try to arrange for a substitute, trade with someone or call a substitute from the schedule list. If you cannot get a sub, call your chairman.
6. The dress code for a volunteer:
 - a. White blouse or shirt
White skirt or pants – daylight savings time schedule (April thru October)
 - b. Dark blue or black skirt or pants (November thru May)
 - c. White shoes or dark shoes as appropriate to season
 - d. Uniform (jacket, smock, vest)
 - e. Name tag
 - f. Limit personal jewelry
7. You will receive a uniform, membership pin, an auxiliary patch and a LAMC hospital nametag.
8. Dues are \$10.00 for the year.
9. You will receive a ten percent discount on items in the Lobby Shop (except for food or drinks).
10. You may purchase a \$20.00 meal ticket for the cafeteria at the cafeteria for \$15.00.
12. The Vice President will assign your workstation.

**HOSPITAL AUXILIARY OF THE LOS ALAMOS MEDICAL CENTER, INC.
VOLUNTEER APPLICATION**

The Hospital Auxiliary Emblem

The Emblem of the Hospital Auxiliary embraces and combines many things. In the three colors, maroon, blue and gold, it is artistic as well as emblematic. Quartering, we have the Lorraine Cross in blue. This cross has been the emblem of relief to the unfortunate since medieval times. In red, it is the official sign of the American Tuberculosis Association. The Caduceus or the Wand of Mercury and Serpent of Aesculapius has symbolized the healing art for many thousands of years. The Maltese cross has been the emblem of the Knights of Saint John of Jerusalem since 1092 A.D. and for several hundred years has also been used by the Saint John Ambulance Service. The international emblem for the relief of sick and wounded is the Geneva or Greek cross. The Urn Lamp is universally accepted as symbolic of knowledge. It is the official emblem of the Florence Nightingale Nurses. The American eagle symbolizes the United States of America; the Maple Leaves, the Dominion of Canada; and the whole is supported by the classic Latin motto "Nisi Dominus Frustra"—"Without God we can do nothing."