



**CORPUS CHRISTI  
MEDICAL CENTER**

**JOIN OUR FAMILY  
OF HOSPITALS!**

Bay Area | Northwest | Doctors Regional | The Heart Hospital

P.O. Box 8991 • Corpus Christi, Texas 78468  
Main Volunteer Services Office:  
361-761-1416 [www.ccmedicalcenter.com](http://www.ccmedicalcenter.com)  
Email: [guillermo.diaz@hcahealthcare.com](mailto:guillermo.diaz@hcahealthcare.com)

## Adult Volunteer Application

*This application is for anyone over 18 years of age. Please provide as much information as possible. We will place you in the volunteer opportunity that best suits your interest.*

REFERRED BY: \_\_\_\_\_

Please Print:

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Spouse's or Parent's Name \_\_\_\_\_

Do you work  Full-time  Part-time  Retired  Student GPA \_\_\_\_\_

Occupation & Title \_\_\_\_\_

Employer or School \_\_\_\_\_

Education \_\_\_\_\_

Community Affiliations \_\_\_\_\_

Foreign Language(s) \_\_\_\_\_

Interests and Hobbies \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Physical Limitations/Medications \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Where did you learn about the Medical Center's volunteer opportunities? \_\_\_\_\_

Check the times you are most available to serve:

Weekdays  Mornings  Afternoons  Evenings Preferred day \_\_\_\_\_

Check the volunteer opportunities you are interested in. This will help us know where to place you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Activity Cart    | <input type="checkbox"/> Central Supply   | <input type="checkbox"/> Clerical Duties          |
| <input type="checkbox"/> Day Surgery      | <input type="checkbox"/> Education        | <input type="checkbox"/> Emergency Room           |
| <input type="checkbox"/> Needle Crafters  | <input type="checkbox"/> Human Resources  | <input type="checkbox"/> ICU/Surgery Waiting Room |
| <input type="checkbox"/> Information Desk | <input type="checkbox"/> Nursing Services | <input type="checkbox"/> H2U                      |
| <input type="checkbox"/> Pharmacy         | <input type="checkbox"/> L&D Waiting Room | <input type="checkbox"/> Customer Service Rep.    |
| <input type="checkbox"/> Women's Services | <input type="checkbox"/> Cuddle Club      | <input type="checkbox"/> Other _____              |

I want to become a Corpus Christi Medical Center Volunteer because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**In case of an emergency, please notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Physician \_\_\_\_\_ Office Number \_\_\_\_\_

**Please list at least two people other than relatives who would be willing to serve as personal references:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Please sign:**

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release The Corpus Christi Medical Center from any liability whatsoever for supplying such information.

After your application has been reviewed, your placement for volunteer service will be determined and an orientation will be scheduled followed by a free TB test.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If you are 18 years or under:** Please fill out either a **School Year – Junior Volunteer Application** or a **Summer Junior Volunteer Application**. Visit our website at [www.ccmedicalcenter.com](http://www.ccmedicalcenter.com) or call the Volunteer Services Office to have one mailed to you: 361-761-1416.

<b>For Office Use Only:</b>	<input type="checkbox"/> Interview _____	<input type="checkbox"/> Ref Chk _____	<input type="checkbox"/> App Ltr _____
<input type="checkbox"/> Dept Mtg. _____	<input type="checkbox"/> Orientn _____	<input type="checkbox"/> TB Test _____	<input type="checkbox"/> TB X-Ray _____
<input type="checkbox"/> Entered _____	<input type="checkbox"/> WLtr Sent _____	<input type="checkbox"/> Start Date _____	<input type="checkbox"/> Badge _____
Area of Service _____	<input type="checkbox"/> Campus _____	Other _____	

# CORPUS CHRISTI MEDICAL CENTER VOLUNTEERS #1919

## VOLUNTEER INFORMATION

FULL NAME \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License State \_\_\_\_\_ No. \_\_\_\_\_

Have you ever been convicted of a crime?\* Yes  No

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

\*To disclose additional criminal history, please provide those details on a separate sheet of paper and attach it to this form.

Please provide all locations where you have resided for the past seven (7) years, starting with your current residence.

	City	State	Dates	From:	To:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

### STATE LAW NOTICES

**Minnesota** applicants or employees only: You have the right to request in writing from PreCheck, Inc., a complete and accurate written disclosure of the nature and scope of the report(s) requested by the Company. Place an X here \_\_\_\_\_ for a disclosure to be sent to you.

**Oklahoma** applicants or employees only: Mark an X here \_\_\_\_\_ for a free copy of a consumer report if one is obtained by the Company.

**California** applicants or employees only: Please mark this field \_\_\_\_\_ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**California** applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_

**New York** applicants or employees only: If an investigative consumer report has been requested by the Company, the name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document.

You have the right to inspect and receive a copy of the investigative consumer report by directly contacting the consumer reporting agency, PreCheck, Inc. In connection with the Company's request for the preparation of a consumer report or investigative consumer report about you, the Company has provided you with a copy of Article 23-A of the New York Correction Law. Please mark this field to acknowledge receipt of a copy of Article 23-A: \_\_\_\_\_.

**Maine** applicants or employees only: If you are applying for a position in the State of Maine, you may request and promptly receive from the consumer reporting agency copies of all investigative consumer reports about you requested by the Company. The name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document.

**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State** applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested.

I have read and understand the above information and assert that all information provided by me is true and accurate.

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

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

# CORPUS CHRISTI MEDICAL CENTER VOLUNTEERS #1919

## VOLUNTEER DISCLOSURE & AUTHORIZATION

FULL NAME \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License State: \_\_\_\_\_ DL Number: \_\_\_\_\_

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**Corpus Christi Medical Center Volunteers** ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

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

Nevada Private Investigator License # 1618

Ver. 0913