



CAMP JAMIE RETURNING VOLUNTEER APPLICATION

Today's Date _____

ALL INFORMATION IS STRICTLY CONFIDENTIAL

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (H) _____

TELEPHONE NUMBER (W) _____

TELEPHONE NUMBER (C) _____

E-MAIL ADDRESS: _____

SIGNIFICANT DEATH EXPERIENCES:

Relationship	Cause of Death	Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

Position you would like to hold at camp (Big Buddy or Support Staff)

T-Shirt Size _____

VOLUNTEER HEALTH HISTORY FORM

PERSON TO NOTIFY IN AN EMERGENCY _____

RELATIONSHIP _____

ADDRESS _____

DAYTIME PHONE # _____ EVENING PHONE # _____

Signature

Date

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Should a medical emergency arise during my participation in Camp Jamie activity and I am unable to speak for myself, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by the Camp Jamie Director.
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature

Date

Preferred medical doctor/facility _____

Address _____

Telephone Number _____

Insurance Company _____

Policy Number _____

Policyholder's Name _____

VOLUNTEER RELEASE OF LIABILITY

I understand and agree that Hospice of Frederick County, Frederick Memorial Hospital, Board of Directors, Employees and Volunteers are released from any legal responsibility and/or liability for negligence arising out of any accidents or illnesses which occur while the volunteer listed below attends Camp Jamie.

Signature of Volunteer

Date

VOLUNTEER PUBLICITY PERMISSION

Upon occasion, videotaping and/or photography may occur during camp activities. This material may be used for future publicity by Hospice of Frederick County, Frederick Memorial Hospital and its Board of Directors. In addition, with Hospice staff permission and supervision, the news media may wish to photograph, videotape and/or interview some of the volunteers and children attending camp. Please sign below if you have no objections to being subject to this.

Signature of Volunteer

Date



DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

HOSPICE OF FREDERICK COUNTY ("The Company") may obtain information about you for employment purposes from a third party consumer reporting agency. 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 with sources such as your neighbors, friends, or associates. 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. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your 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 Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649, 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 employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by HOSPICE OF FREDERICK COUNTY by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by HOSPICE OF FREDERICK COUNTY, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.</p>
<p>Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

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 my employment, 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 Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649, 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.

<p>New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p>California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like 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. <input type="checkbox"/></p>

Print Name: _____

Signature: _____

Date: _____

13157644v.2

Rev. 08/2011



Background Information Form

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License# _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____ Number of Years at Address _____

Previous Address _____

City/State/Zip _____ Number of Years at Address _____

Previous Address _____

City/State/Zip _____ Number of Years at Address _____

Previous Address _____

City/State/Zip _____ Number of Years at Address _____

Education – Highest Level School Name _____
School Address _____ City _____ State _____
Attendance Dates _____ Major _____ Degree _____
Date Graduated _____ Name at Time of Graduation _____

Former Employment Name of Former Employer _____
Position _____ Dates of Employment _____
Employer's Address _____
Employer's City _____ Employer's State _____ Employer's Zip _____

Signature _____ Date _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]