



TRUMAN MEDICAL CENTERS

| Better. For Everyone.

Dear Applicant,

Thank you for your interest in volunteer opportunities at Truman Medical Center Hospital Hill. Volunteers give more than 40,000 hours of service each year and play a vital role in TMC's mission of providing quality health care and customer service.

As a corporation, Truman Medical Centers provides comprehensive physical and mental health care for Kansas City and Eastern Jackson County. We strive to insure that quality, compassion, and innovation are a part of the care our patients receive every day.

As a Level I Trauma Center, TMC Hospital Hill is best known for its emergency department, trauma services and high-risk obstetrics. In addition, TMC HH offers an array of specialty services, including:

- Asthma, diabetes, oral/maxillofacial surgery and ophthalmology
- Nationally recognized Center of Excellence in Women's Health
- The Birthplace, with 22-bed LDRP suites
- Level III (highest designation) NICU
- Weight Management and Bariatric Surgery

The variety of services means a variety of volunteer opportunities including:

- Working alongside our Trauma Center staff
- Patient Services Valet
- Gift Shop Associate
- Clinic or Surgery Waiting Room Host
- Special Projects Volunteer
- Patient Activity Liaison
- And many, many more

Please complete the attached application materials and return it to the Volunteer Services Department. We hope you will consider joining as we continue to lead the way to a healthy community.



ADULT VOLUNTEER APPLICATION
TRUMAN MEDICAL CENTER HOSPITAL HILL
2301 HOLMES ~ KANSAS CITY, MISSOURI~816.404.3300

PERSONAL INFORMATION

Name _____ Date _____

Home Phone _____ Work Phone _____

Address, City, St., Zip _____

Social Security# _____ Date of Birth _____ Email _____

Why are you interested in volunteering at TMC Hospital Hill?

Do you have a specific area of interest or expertise you would like to share in your volunteer role?

When are you available to volunteer? _____ Day _____ Evening

What hours and days are you available? _____

What community/volunteer organizations are you involved with?

Table with 3 columns: EDUCATIONAL HISTORY, YES, NO. Rows include High school diploma, College degree, Postgraduate degree, Are you currently enrolled, and Area of study.

LENGTH OF TIME AVAILABLE
_____ 0-6 months _____ 6-12 months _____ 12 months+ _____ Unsure

Do you know someone who is employed or volunteers here? _____
Employee/Volunteer Name

Have you ever been employed or volunteered at Truman Medical Centers? ___ Yes ___ No
If yes, dates that you were employed or volunteered _____

Please See Reverse Side

How did you hear about TMC's volunteer program? _____

EMPLOYMENT HISTORY

Current Employer Position Supervisor's Phone Dates Employed

Previous Employer Position Supervisor's Phone Dates Employed

**REFERENCES – (ONE REFERENCE MUST BE A PROFESSIONAL REFERENCE, DO NOT LIST RELATIVES OR FRIENDS)
A MINIMUM OF TWO REFERENCES ARE REQUIRED**

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Are you able to volunteer with or without an accommodation and without posing a direct threat to the health of yourself or others? Yes No

If no, please explain _____

Have you ever been convicted of a Misdemeanor or Felony Crime? Yes No

If yes, provide dates and convictions _____

Are you prohibited from participating in Federal Health Care Programs or listed on the H.H.S/O.IG. Cumulative Section Report or GSA list of parties excluded from Federal Programs?
 Yes No

EMERGENCY INFORMATION

Person to notify in case of an emergency:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Address _____ City/State/Zip _____

Physician _____ Physician Phone _____

TRUMAN MEDICAL CENTERS' CONDITIONS

I affirm the information in this application is true and complete and agree to have TMC verify this information unless I have indicated in writing to the company. Falsification of any information can result in immediate termination from the Volunteer Services Program. I understand the completion of this application does not guarantee a volunteer placement at TMC Hospital Hill and that if I am accepted I will not receive payment for my service.

Signature _____ Date _____

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

LAST NAME	FIRST NAME	MIDDLE NAME	(PLEASE INCLUDE Jr., Sr., II, III Etc.)
-----------	------------	-------------	---

I understand that in conjunction with my application for volunteer service opportunities, **Truman Medical Centers** will use the services of an outside agency to research and verify the information I have provided on my application, including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Truman Medical Centers**. **Truman Medical Centers** uses **Abso**, a consumer-reporting agency, as an agent to perform its employment/volunteer related background investigations.

Abso will utilize various sources of information it deems appropriate including, but not limited to, credit reporting agencies, workers compensation records, including any and all injuries, in compliance with the Federal ADA Act, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records (if applicable) , professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including, but not limited to, the above to **Truman Medical Centers** and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of service with volunteer services from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Truman Medical Centers** if my volunteer opportunity is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Truman Medical Centers**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required. I should direct my request to: **Abso**, 3000 Lava Ridge Ct, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the volunteer application, or upon request as outlined herein.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES, FOR POSITIVE IDENTIFICATION PURPOSES, REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

Signed Name	Today's Date
-------------	--------------

Printed Name	Position Applied For
--------------	----------------------

- -	/ /		
-----	-----	--	--

Social Security Number	Date of Birth	Driver's License Number	State
------------------------	---------------	-------------------------	-------

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

					Mo/Yr / Mo/Yr
Current Address:	/				
	Street	Apt.#	City	State	Zip Code From / To
Former Address:	/				
	Street	Apt.#	City	State	Zip Code From / To
Former Address:	/				
	Street	Apt.#	City	State	Zip Code From / To
Former Address:	/				
	Street	Apt.#	City	State	Zip Code From / To

TO LIST ADDITIONAL ADDRESSES – USE THE MARGIN SPACE BELOW

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors at the Federal Trade Commission's web site at (<http://www.ftc.gov>). You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

Disclosure

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that previous employment, education, social security, credit, motor vehicle report, and a criminal background check may be obtained for the purposes of this volunteer application only.

By the signature below, the applicant acknowledges that TRUMAN MEDICAL CENTER has made this disclosure.

Signature of Applicant

Date

(Please list any other names that you have ever worked under, used, or been known by: If you have not ever worked under, used, or have been known by any other names, please indicate this on line #1 with a NA)

Department of Social Services
Disqualification Disclosure Consent

As a requirement of the volunteer application process, I consent to the release of my Department of Social Services (DOSS) Disqualification List records. Volunteer Services will consider material contained in the records solely for the purpose of determining my suitability for a volunteer position. I do not authorize release of this information for any purpose beyond this decision. I understand that appearing on the list may disqualify me from providing service in a volunteer capacity.

Signature of Applicant

Date



TRUMAN MEDICAL CENTERS

How to Find Us

If you are coming to Truman Medical Center and traveling:

South on I-29/71 (or coming from the north)

Follow I-29 South until it becomes I-35 South. Follow directions for traveling south on I-35.

South on I-35 (or coming from the north)

Follow I-35 to 71 Hwy South near Downtown Kansas City. Take 71 South to the 22nd exit. Turn right onto 22nd Street. Go to Kenwood and turn left. Take Kenwood to 23rd Street and turn left. 23rd Street runs right into TMC. Pull into the circle drive and go to Visitor Parking.

North on I-35 (or coming from the south)

Exit Southwest Blvd. /Mission Road; keep left and follow Southwest Blvd. to 31st Street; turn right (E) on 31st Street. Go several blocks (past Broadway and Main) to Holmes; go left (N) Holmes to 23rd Street. At 23rd Street, turn right into TMC circle drive and go to Visitor Parking.

West on I-70 (or coming from the east – Missouri)

Exit on I-70 from right lane to downtown 13th Street exit. Turn left on Charlotte then continue south to 22nd Street. On 22nd Street go to Kenwood, turn left. Go to 23rd Street, turn left. 23rd Street runs right into TMC. Pull into the circle drive and go to Visitor Parking.

East on I-70 (or coming from the west – Kansas)

Take I-70 east to 670 East. Stay to the right and take 71 Hwy south. Take the 22nd Street exit. Turn right on 22nd Street. Go to Kenwood and turn left. Go to Kenwood and turn left. Take Kenwood to 23rd Street and turn left. 23rd Street runs right into TMC. Pull into the circle drive and go to Visitor Parking.

North on 71 Highway (or coming from the south)

Follow 71 Hwy. to 22nd Street exit. Turn left, go over 71 Hwy and go to Kenwood. Go to Kenwood and turn left. Take Kenwood to 23rd Street and turn left. 23rd Street runs right into TMC. Pull into the circle drive and go to Visitor Parking.

NOTE: Kenwood is 1/2 block west of Holmes but there is NO STREET SIGN. Holmes is one way north; Charlotte is one way south.

Truman Medical Center (where star is located on map)
2301 Holmes
Kansas City, MO

