

# **McLeod Health**

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## **The Choice for Medical Excellence**

Volunteers:

We are honored that you have chosen McLeod Loris Seacoast to volunteer your time. We are proud of our program and hope to expand throughout the years.

This packet contains necessary information that will allow you to perform your job more efficiently. McLeod Loris Seacoast is known for its values-caring, the person, quality, and integrity. As a volunteer, you will be expected to believe in these values and practice them daily.

You are considered as staff of McLeod and we ask that you take your commitment seriously. If you are unable to report on your scheduled day, we expect you to call your supervisor or the volunteer office.

Thank you for choosing McLeod Loris Seacoast. Please feel free to visit or call us in the volunteer office (366-2018) if you have questions or problems.

Sincerely,

Jaime Schwartz  
Volunteer /Gift Shop Manager

# McLeod Health

The Choice for Medical Excellence

## Application for Volunteer Position

Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

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

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

Contact in an Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Birth date \_\_\_\_\_  
Month Day

How did you learn about the McLeod volunteer program? \_\_\_\_\_  
\_\_\_\_\_

Do you know any McLeod volunteers? \_\_\_\_\_ If so, who? \_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered before? \_\_\_\_\_ What did you do and where did you volunteer? \_\_\_\_\_  
\_\_\_\_\_

What areas of volunteering interest you? \_\_\_\_\_  
\_\_\_\_\_

What days and hours are you available to volunteer? \_\_\_\_\_  
\_\_\_\_\_

List name, full address, and phone number of two personal references not related to you.

1. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip Home Phone Work Phone

2. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip Home Phone Work Phone

**Education Background:**

Last grade completed \_\_\_\_\_  
\_\_\_\_\_

Other courses completed (computer, GED, etc.) \_\_\_\_\_  
\_\_\_\_\_

**Current Occupation** \_\_\_\_\_

**Hobbies, Interests, Skills** \_\_\_\_\_

**Have you ever been convicted of a felony?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

**Have you received a physical examination in the past year?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please have your family doctor forward a statement that you are physically able to volunteer. It can be faxed to our office at 843-390-8289.**

**Please list the name of your family physician and phone number.** \_\_\_\_\_  
\_\_\_\_\_

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**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.**

**I UNDERSTAND THAT PRIOR TO SERVING AS A VOLUNTEER A SOUTH CAROLINA RECORDS CHECK WILL BE PERFORMED.**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Return to:**

**McLeod Loris Seacoast  
Volunteer Services  
4000 Highway 9 East  
Little River, SC  
29566**

# McLeod Health

The Choice for Medical Excellence

## NON-EMPLOYEES ID CARD AUTHORIZATION

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Legal First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Name Suffix: II III IV V Jr. Sr.

Gender: M F Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: Caucasian African American Asian American Indian/Alaskan Native Native Hawaiian/Other

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone #: \_\_\_\_\_

School/Sponsoring Organization: \_\_\_\_\_

### TO BE COMPLETED BY MANAGER/SUPERVISOR:

MHIC LCH LECC SMC Department #: \_\_\_\_\_

MBH MMC-DAR FDTN MRE Job Code #: \_\_\_\_\_

MRMC MMC-DILL MHHI

MPA MH&FC LFDN

Nonemployee Type: Contract staff Medical staff Physician employee Personnel Board Member Volunteer Clergy Nonclinical consultant Student Instructor Other

Start Date: \_\_/\_\_/\_\_ Stop Date: \_\_/\_\_/\_\_ Approved Credentials: \_\_\_\_\_

Print Name Manager/Supervisor: \_\_\_\_\_

FTE assigned to this positions: \_\_\_\_\_ Employee Status: NE

Manager/Supervisor Approval: \_\_\_\_\_

Signature

(date)

### TO BE COMPLETED BY HUMAN RESOURCES:

Applicant #: \_\_\_\_\_ Employee #: \_\_\_\_\_

Supervisor Code: \_\_\_\_\_ Department Director: \_\_\_\_\_

HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

HR Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

# McLeod Loris Seacoast

## Doctor's Release form to Volunteer

The Doctor's Release to Volunteer must be presented to and completed by the assigned health care provider prior to starting. It can be mailed or fax to the below address:

*McLeod Loris Seacoast  
Attn: Volunteer Services  
4000 Hwy 9E  
Little River, SC 29566  
Fax: 843-390-8289*

**Please help us serve our volunteer's needs by completing this form.**

Volunteer's Name \_\_\_\_\_ Date \_\_\_\_\_

- Volunteer is physical capable to volunteer with McLeod Loris Seacoast.
- Volunteer is physically incapable to volunteer at this time; and will be reevaluated on \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION**

McLeod Health ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education (including transcripts), or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you. These searches will be conducted by Aurico Reports LLC, 116 W. Eastman St., Arlington Heights, Illinois, 60004, (866) 255-1852, [www.aurico.com](http://www.aurico.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your assignment or employment to the extent permitted by law.

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

[End of Document]

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**NOTE: YOU MUST RETURN THIS DOCUMENT**

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

First Name:  Middle Name:  Last Name:

Maiden Name:  Date Changed:

Other last names used:  Date Changed:

Other last names used:  Date Changed:

Other last names used:  Date Changed:

List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

Street	City	County	State	ZIP	How Long?
Current:					
2:					
3:					
4:					

Present Phone Number (with area code):  Social Security Number:

Date of Birth\* (MM/DD/YYYY):    Gender\*  Male  Female

Driver's License Number:  Driver's License State:

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

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the separate document entitled 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" by the Company at any time after receipt of this authorization and throughout my assignment or employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, branch of the military, 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 Aurico Reports LLC, 116 W. Eastman St., Arlington Heights, Illinois, 60004, (866) 255-1852, www.aurico.com and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants, volunteers, contractors or employees only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**New York applicants, volunteers, contractors or employees only:** By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

**Oregon applicants, volunteers, contractors 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.

**Washington State applicants, volunteers, contractors 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.

**Minnesota and Oklahoma applicants, volunteers, contractors 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.

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

[End of Document]

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NOTE: YOU MUST RETURN THIS DOCUMENT



Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>1b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p>

<p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-43557</p>

## FOR NEW YORK APPLICANTS ONLY

### NEW YORK STATE CORRECTION LAW ARTICLE 23-A: LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

#### § 750. Definitions

For the purposes of this article, the following terms shall have the following meanings:

1. "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
2. "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
3. "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license [fig 1], opportunity, or job in question.
4. "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
5. "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

#### § 751. Applicability

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses [fig 1] in this state or in any other jurisdiction, [fig 2] and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

#### § 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the [fig 1] individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the [fig 2] individual has previously been convicted of one or more criminal offenses, unless:

1. There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
2. The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

1. The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
2. The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
3. The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
4. The time which has elapsed since the occurrence of the criminal offense or offenses.
5. The age of the person at the time of occurrence of the criminal offense or offenses.
6. The seriousness of the offense or offenses.
7. Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
8. The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.