Volunteer Application

To be filled out by individuals interested in volunteering

Contact Information:

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Best Method of Contact: ☐ *Phone (Home)* ☐ *Phone (Cell)* ☐ *Text Message* ☐ *Email*

Are you 18 years of age or older? ◯ *Yes* ◯ *No*

Emergency Contact:

Full Name: _____

Relationship to you: _____

Phone: _____

I am interested in the following volunteer opportunities:

☐ Food Pantry (stocking, organizing, patient

☐ Insurance Application Counselor (assist and counsel during open enrollment)

☐ Administrative (marketing, finance, website)

☐ Office Work (filing, mailings, scanning) assistant)

☐ Data Entry & Analysis

☐ Handy Work (lawn care, moving furniture)

***Please Note:** *Packard Health is **not** able to provide clinical volunteer opportunities; please let us know if you are a nursing or medical student interested in a clinical education experience*

Packard Health
A community partnership for care

Do you have any special skills or resources to share (such as computers, foreign language, etc)?

Is there anything else you would like us to know?

I am available to volunteer:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
☐ **Morning** (8:30 AM– 12:00 PM)	☐ **Morning** (8:30 AM– 12:00 PM)	☐ **Morning** (8:30 AM– 12:00 PM)	☐ **Morning** (8:30 AM– 12:00 PM)	☐ **Morning** (8:30 AM– 12:00 PM)	☐ **Morning** (8:30 AM– 12:00 PM)
☐ **Afternoon** (1:00 PM – 5:00 PM)	☐ **Afternoon** (1:00 PM – 5:00 PM)	☐ **Afternoon** (1:00 PM – 5:00 PM)	☐ **Afternoon** (1:00 PM – 5:00 PM)	☐ **Afternoon** (1:00 PM – 5:00 PM)	☐ **Afternoon** (1:00 PM – 5:00 PM)

I confirm that all of the above information is accurate and complete.

Signature: _____

Date: _____

At Packard Health we are dedicated to serving the medical needs of Washtenaw County's residents. We strive to provide the best possible care to our patients and community, including those whose economic, social, or cultural conditions might otherwise prevent them from accessing health care. By signing this, I also agree that I will abide by the mission, vision, and values of Packard Health with a consideration for treating all patients and staff with respect and support.

Signature: _____

Date: _____

Email this completed form to resumes@packardhealth.org.

Authorization to Conduct Employment Background Investigation

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide Packard Health one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name: _____ (First) _____ (Middle (if none, indicate N/A)) _____ (Last)

Other names used: _____

Current and former addresses:

from Mo/Yr	to Mo/Yr	Street	City, State & Zip
	current		

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

_____ Date of birth

_____ Social security number

_____ Driver's license number & state

_____ Name as it appears on license

_____ Email address

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: ☐.

_____ Signature

_____ Date

Para información en español, visite 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 **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 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 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.

• **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 1-888-567-8688.

• **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.

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:**
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings

	Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Additional Information about the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important for you:

• Records of convictions of crimes can be reported regardless of when they occurred.

• If you apply for a job that is covered by the Department of Transportation's authority to establish qualifications and the maximum hours for that job and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.

Packard Health

Confidentiality Statement

Through your employment activities and duties you may learn of or have access to employee protected health information and protected health information of patients. Protected health information for employees and patients is defined as any information that identifies an individual (patient) and describes their health status, sex, age, ethnicity, or other demographic characteristics in any format (i.e., electronic, written, or oral). Protected health information is to be maintained in a confidential manner. All protected health information is protected by law and by the privacy policies of this practice. The intent of the laws and policies is to ensure that protected health information remains confidential, and that it is used only to provide for employee or patient care and services. Your duties, obligations and responsibilities with regard to confidentiality are described below in the form of an agreement with this practice. You are required to abide by these duties, obligations and responsibilities. Any violation will subject you to discipline, which may include termination of employment and legal liability from the patient and this practice.

Confidentiality Agreement: I, the undersigned employee, agree to the following:

1. I will use protected health information only as needed to perform my legitimate duties as an employee of this practice. This means, among other things, that:

    - I will only access protected health information necessary for the performance of my duties;
    - I will not in any way divulge, copy, release, sell, loan. review, alter or destroy any confidential information, except as properly authorized by my employer; and
    - I will not misuse or act carelessly with protected health information.

2. I will safeguard and will not disclose information that could provide access to protected health information by persons outside of this practice.

3. I will report activities by any person or entity that I suspect may compromise the confidentiality of protected health information. (Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.)

4. I understand that my obligations for maintaining confidentiality of protected health information maintained by this practice will continue after termination of my employment.

5. I understand that I have no right or ownership interest in any protected health information referred to in this agreement. My employer may at any time revoke my access to confidential information. At all times during my employment, I will safeguard and retain the confidentiality of all protected health information.

6. I will be responsible for any misuse or wrongful disclosure of confidential information and for my failure to safeguard my means of access to confidential information. I understand that my failure to comply with this agreement may also result in my loss of employment and legal liability.

_____

Name (Please print)

_____

Signature Date

Vaccination Requirements

Packard Health requires proof of vaccination for specific communicable diseases in compliance with standard infection control practices.

Roles with in-person patient interaction* must provide:

- Influenza (Oct-April – must provide documentation prior to start date)
- Hepatitis B – 3 dose series or titer result
- Measles, Mumps and Rubella (MMR) or titer result
- Varicella (Chickenpox) or titer result
- Tdap (Tetanus/Whooping Cough)
- Hepatitis A – 2 dose series or titer result

*Providers, Therapists, Medical Assistants, Nursing, Community Health Workers

Administrative staff with no in-person interaction with patients* must provide:

- Influenza (Oct-April - must provide documentation prior to start date)

*Patient Services Reps, Behavioral Health administrative, support services

All Candidates must have a baseline Tuberculosis testing upon hire:

- Candidates can either provide a PPD skin test or a serum (blood) TB QuantiFERON GOLD test. Blood test is preferred.
- Candidates with a history of receiving a BCG vaccine should have a TB QuantiFERON Gold. The skin test will produce a positive result and should not be used.
- Candidates with a prior history of either active or latent TB treatment should not be tested as the skin test and the blood test as they will remain positive lifelong. They should fill out the symptoms questionnaire and provide documentation of completed treatment (ie provider note or health department note).

See page 2 for help in obtaining your records or ideas on where to go to receive any needed vaccinations and/or TB testing.

I agree to provide the relevant documentation prior to my first day of work at Packard Health. My start date could be revised if documentation is not received prior to the start date referenced in my offer letter.

_____ _____

Signature Date

Here are some ways to obtain your immunization history:

1. Immunization records can be obtained from:
    a. Your primary care health provider
    b. Michigan Department of Health and Human Services (MDHHS)
    c. Washtenaw County Health Department
2. Blood titer testing can be performed to determine if you had previous infections or immunizations. Blood titers may be obtained at:
    a. Your primary care provider's lab
    b. Washtenaw County Health Department
    c. CVS Minute Clinics
    d. Walgreens
3. Tuberculosis testing may be performed at the following. This test requires 48-72 hours between the initial visit and the assessment (for skin testing).
    a. CVS Minute Clinics
    b. Ann Arbor Urgent Care
4. Influenza vaccinations for the current flu season can be obtained from:
    a. Your primary care provider
    b. Pharmacies
    c. Urgent Care locations

Send documentation to: tammara_smith@packardhealth.org