



1 Trillium Way, Corbin, KY 40701
Contact: Becky Stewart
Phone: 606.523.8768
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ADULT VOLUNTEER APPLICATION

Date:
Name: Date of Birth
Address:
City: State: Zip:
Cell: Home:
E-mail: SS Number:

In case of emergency, notify

Name: Relationship:
Phone Number(s):

Education background:
Work experience:
Current occupation:

Have you ever worked for Baptist Health Corbin (previously Baptist Regional Medical Center)?
Yes (If yes, complete the questions below) No

Dates of employment: Department(s):
In what capacity?

Hobbies, skills and interests:

Previous volunteer experience:
What type of volunteer activity are you interested in?

What is your availability? Days of the week:
Hours:

What influenced you to be a volunteer at Baptist Health Corbin?

Have you ever been convicted of a felony? Yes: No:
\* A criminal background check is required. Please complete the Criminal background wavier and request attached.

List names and phone numbers of two personal references (not related):
Name: Phone:
Name: Phone:

I authorize Baptist Health Corbin Volunteer Services Department to request information concerning my character and reliability from the above named references.

Signature of Applicant Date:

## CRIMINAL BACKGROUND RELEASE WAIVER

Have you ever been convicted of a crime?                      YES                      NO

If *yes*, please explain date and nature of conviction(s):

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name                      First                      Middle                      (Maiden)                      Date of Birth

EMAIL \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

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

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature    Social Security    Date Signed

Phone Number -----

Baptist Health of Corbin must keep the results of these record checks on file in order that they can be review by Licensing and Regulation staff when an on-site visit is made.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## DECLARATION, AUTHORIZATION AND RELEASE FOR BACKGROUND INFORMATION (Applicants for Employment)

I declare that, to the best of my knowledge, any information that I have provided in connection with my application for employment is true, correct and complete and that any falsification or misrepresentation of information that I have provided (or any omission of relevant information) may result in the removal of my application from consideration or, if it is discovered once I am employed, the termination of my employment.

In order to research, verify and provide a report to Baptist Health Corbin ("Hiring Company") in relation to the information that I have provided in connection with my application for employment, the Hiring Company will engage an outside agency, Global HR Research (or designee) ("CRA"). The information the CRA may verify and research may include my personal background, criminal history, credit history professional standing, work history and qualifications. The Hiring Company and its representatives may also collect and verify background information on me.

I understand that the pre-employment screening searches, to the extent applicable law allows, will be conducted and information I provide will be researched and verified using any source deemed appropriate, including but not limited to the following: current and past employers, criminal conviction records, motor vehicle and driving records, credit records, military records, school/educational records and professional and personal references.

I authorize, without reservation, any individual, corporation or other private or public entity to provide the Hiring Company and CRA and their representatives all relevant information about me. I unconditionally release and hold harmless the Hiring Company, CRA, any individual, corporation or private or public entity from any and all causes of action that I have or may have in relation to the collection or provision of information pursuant to this authorization. I also understand that all data will be maintained by CRA on a server in the US.

I agree to assist CRA and the Hiring Company and their representatives in verifying and collecting this information and to provide any additional information requested in connection with my application for employment with the Hiring Company.

I authorize, without reservation, any background information obtained for me in a country to be transported as necessary out of that country.

Unless I submit my revocation to the Hiring Company this Declaration, Authorization and Release, in original, faxed or photocopied form, shall be valid for this and any future reports and updates that may be requested.

Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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



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Once the application is received and reviewed, you will be contacted to discuss your application and possibly set up an interview. During the interview, we will discuss your interest in volunteering and what position and schedule would be best for you. All new Volunteers must complete the pre-volunteer requirements including a TB test, criminal background check and completion of the orientation program, which will be set up by the Volunteer Service department.

Our Volunteers take pride in their work and are committed to be valuable members of the Baptist Health Corbin healthcare team.

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