

Inova Fair Oaks Hospital Volunteer Services Thrift Shop Application Form

703-273-3519

9683 Fairfax Boulevard, Fairfax 22030 Hours of Operation: Monday – Saturday 10 am – 5 pm

(Please check all that apply)

16-17 yrs Adult > 18 yrs Non-student Student/College Student/High School

Full Name, please print: _____

Have you ever served as a Volunteer at Inova Fair Oaks Hospital before? No Yes

Have you been referred by a current volunteer? _____

Are you volunteering to fulfill a National Honor Society, class or graduation requirement?

If yes, what is the requirement? _____

Have you worked in a previous retail position? No Yes Operated a cash register? No Yes

Print clearly your permanent Address:

Street Address / Apt #	City	State	Zip Code
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Home Phone #	Cell Phone #	Email address
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Campus / High School Address (if applicable): School: _____

Street Address	City	State	Zip Code
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Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone# (s): _____

Availability: Circle Day(s): Mon Tues Wed Thurs Fri Sat

Availability Shift(s): 10 am-2:00 pm 1:30 pm-5:30 pm all day

For security purposes, we must conduct a background check on all volunteers. This requires your social security number.

Conviction for a crime will not necessarily bar you from our program. Have you been convicted of or have you plead guilty to any crime or municipal ordinance violation including misdemeanors of traffic violations other than a parking ticket (including military service)? (enter Yes or No) _____

Have you ever been ordered by a court to perform community service? _____ If yes, please explain:

A Tuberculosis Skin Test (TST) or proof to confirm lack of active tuberculosis is required of all new volunteers (free of charge).

Applicant's Signature: _____ Date: _____

Call Erma Ryan, Retail Services Manager, with questions about the shop at 703-273-3519



**Inova Fair Oaks Hospital Volunteer Services:
Personal Reference for Thrift Shop Volunteer Applicant**

(Family members or individuals who share the applicant's household may not serve as references)

Applicant's Name _____ Date: _____
Please Print

The person named above has applied to Inova Fair Oaks Hospital Volunteer Services as a volunteer in the Thrift Shop. This program requires individuals who are dependable, motivated, personable and cooperative. Personal neatness and the ability to accept and follow instructions are also needed. Volunteers of Volunteer Services hospital and retail operations must understand and honor the hospital's policy on patient privacy, respect and keep confidential all information concerning patients and the hospital and exhibit our Shared Beliefs of compassion, dedication, respect, trust, innovation and excellence.

INSTRUCTIONS: Please evaluate the candidate on each of the following characteristics:

Dependability	Excellent Good Fair Poor
Punctuality	Excellent Good Fair Poor
Trustworthiness, honesty, integrity	Excellent Good Fair Poor
Initiative	Excellent Good Fair Poor
Respect for other	Excellent Good Fair Poor
Ability to work as a team player	Excellent Good Fair Poor
General appearance	Excellent Good Fair Poor
Ability to problem-solve	Excellent Good Fair Poor
Flexibility	Excellent Good Fair Poor
Communication skills	Excellent Good Fair Poor

If you would like to comment further, please add additional comments here:

How long have you known this applicant? _____ In what capacity? _____

Your Name: _____

Address/Professional Organization: _____

Email Address: _____

Phone(s): _____

Thank you for your time to provide this recommendation. Please FAX to (703) 391 3845 or mail to:
Jill Parady, Volunteer Services Coordinator
Inova Fair Oaks Hospital Volunteer Services
3600 Joseph Siewick Drive, Fairfax, VA 22033



800.999.9861
 713.861.5959
 info@precheck.com
 www.PreCheck.com

**INOVA – ALL ACCOUNTS
 VOLUNTEER DISCLOSURE & AUTHORIZATION**

FULL NAME _____
 Any Other Names Used _____
 Social Security No. ____ / ____ / ____ Date of Birth¹ _____
 Current Address _____
 City _____ State _____ Zip _____
 Driver's License State _____ No. _____
 Address: _____

Have you ever been convicted of a crime? Yes No
 Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

	City	State	Dates	From:	To:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

INOVA Health System (“the Company”) may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. 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. 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. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] 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, contract, privileges or appointment to the extent permitted by law.

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

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 term of my employment, contract or privileges, 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] 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.

STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field 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. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. 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.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature _____ Date _____