

**Kaiser Permanente San Diego Member Service Area
Volunteer Guest Services Department**

WORK STUDY - ADULT APPLICATION PACKET

WHAT YOU NEED TO KNOW BEFORE YOU APPLY

Thank you for your interest in volunteering with Kaiser Permanente. Each year more than 400 compassionate individuals from our community volunteer to make a difference in the lives of our members and visitors. Volunteers are a vital part of the Kaiser Permanente team. We are always looking for new volunteers who are enthusiastic, qualified, committed and will uphold our values for providing world-class service.

Volunteer Requirements

- Must be at least 18 years old
- Must be able to communicate effectively both orally and in writing in English
- Able to stand and walk continuously for 4 hours
- Be able to push guests in a wheelchair
- Commit to minimum of one 4-hour shift per week, minimum of 100 hours
- Able to pass a background clearance
- Complete required health screenings
- Willing to attend all training sessions

Volunteer Commitment

Comprehensive testing, training and orientations will be provided. We ask that you commit to completing a minimum of 100 hours, in a regular weekly assignment and schedule, minimum of 4 hours per week.

Background Clearance - A background clearance form is located on page 7 of the application packet. Incomplete forms cannot be processed and will delay your consideration for a volunteer position.

Health Clearance - This process will include a two-step TB test, flu immunization or declination and blood draw (unless you have current immunization records) to check immunization levels for measles, mumps, rubella and chicken pox. This testing may take up to 14 days to complete and may require up to 3 visits to Employee Health at Kaiser Permanente Zion Hospital. The testing is free of charge.

Exclusions for Volunteering with Kaiser Permanente program

Internships, job shadowing, or special summer projects are not currently available at Kaiser Permanente San Diego.

Junior Volunteers: (16-17 years old) Program on hold.

Court Ordered Volunteer Hours: Kaiser Permanente does not participate in this program.

How to Become a Volunteer:

Please fill out the attached application completely and return it to us. Incomplete applications will not be considered. After we receive your application, you will be contacted for an interview.

Please return your completed application to:

Kaiser Permanente Volunteer Guest Services Department
HSB 1st Floor Room 1740
9455 Clairemont Mesa Blvd.
San Diego, CA 92123

Or scan and email to: Stacie.M.Scheet@kp.org

Or fill out the form electronically, save a copy to your desktop and email to: Stacie.M.Scheet@kp.org

ADULT VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY & COMPLETE ALL FIELDS

1. Personal Information

Name			
Street Address			
City, State, Zip			
Mobile Phone		Date of Birth	
Email Address			

Do you, or have you or a family member ever worked for Kaiser Permanente? YES NO
 If yes, please list department and role? _____

Are you currently in School? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of School	
Field of Study	

Do you currently work? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer Name	
Part or Full-time	

Why would you like to volunteer for Kaiser Permanente?

Please list any medical certifications you hold? _____

Do you have any limitations you would like us to know about? _____

How did you hear about our program? _____

2. Please notate the days and shifts you are available:

Please note that not all shifts, or days, are available for all positions. Check your availability for each day:
 M=Morning 8a-12p | A=Afternoon 12p-4p | E=Evening 4p-8p | LE=Late Evening 8p-12p
 Hours are slightly flexible with start and end times and do vary between departments.

SUN				MON				TUE				WED				THUR				FRI				SAT							
M	A	E	LE	M	A	E	LE	M	A	E	LE	M	A	E	LE	M	A	E	LE	M	A	E	LE	M	A	E	LE	M	A	E	LE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Choose the location and area of service you are interested in:

MEDICAL CENTER VOLUNTEER OPPORTUNITIES

Due to COVID, we are currently only staffing volunteers at the two medical centers below in two main capacities. If you are willing to serve either location, please mark both.

Guest Guides are stationed at entrances/exits to greet members as they enter and exit the facility. Provide wheelchair assistance to those in need, escort members and their family to various locations and deliver flowers or belongings to members in the hospital.

Vaccination Helper (only at San Diego Medical Center) will guide members through the vaccination process by escorting and managing vaccination lines.

SAN DIEGO MEDICAL CENTER **ZION MEDICAL CENTER**

9455 Clairemont Mesa Boulevard • San Diego, CA

4647 Zion Avenue • San Diego, CA

5. Sign and date application

- ✓ By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
- ✓ I understand and agree that my services are given with humanitarian or charitable reasons and are donated to Kaiser Permanente without expectation of any compensation, salary, benefits, other payment or future employment.
- ✓ I understand that completing an application does not guarantee acceptance into the Volunteer Program.
- ✓ I understand that the position of a volunteer requires that I be available to volunteer for a minimum 4 hours per week and for a minimum of 100 hours, or as determined by the Volunteer Services Department.

Name (Printed)	
Signature	
Date	

6. Complete “Authorization to Provide Background Check Report and Release”

It is important that you follow the instructions on the Authorization for Background Check form and complete it fully, including all current and previous addresses for the past 7 years. It is especially important to provide us with an accurate and readable Social Security number. Errors or illegible writing will delay your ability to start volunteering. The form is attached, see page 6.

7. Complete “Volunteer Emergency Contact Information”

Please provide us with a friend or family member who we can contact in the event of an emergency.

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

AUTHORIZATION TO PROVIDE BACKGROUND CHECK REPORT AND RELEASE

I understand that, in connection with my desire to be a volunteer at Kaiser Permanente ("Company"), I have been asked to authorize First Advantage to provide a background check report about me to the Company. I hereby voluntarily authorize First Advantage to prepare and provide a background check report to the Company that discloses any criminal convictions, any pending arrests for which I am out on bail or on my own recognizance pending trial, any listing as an excluded individual or registered sex offender, or other information requested by the Company to determine my suitability as a volunteer.

I understand that passing a background check is a condition of serving as a volunteer at Kaiser Permanente and voluntarily agree to this background check in order to volunteer at Kaiser Permanente.

I hereby also authorize any person, business entity or governmental agency that may have information about me to disclose the information to the Company, by and through First Advantage.

I hereby release the Company, First Advantage, and each of their respective parent, subsidiary, and affiliate organizations, and each of their officers, directors, agents, representatives and employees, and any and all persons, business entities and governmental agencies, from any and all liability, claims and/or demands of whatever kind arising out of or relating in any way to the providing of information and/or assisting with the compilation or preparation of the background check report I have authorized.

SIGNATURE _____ DATE _____

Please provide the following information for the purpose of obtaining the background check report:

FULL NAME (as it appears on your driver's license) _____

ALIAS/AKA/MAIDEN NAMES (include time frame used)

Please provide your residential addresses and mailing addresses (if different) for the last seven years, beginning with your current address. If more room is required, please list on a separate sheet of paper.

Street Address, City, State, Zip	DO NOT LEAVE BLANK	Residency Start Date	Residency End Date

CURRENT PRIMARY PHONE _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

PLEASE PRINT and MAKE SURE ALL INFORMATION IS LEGIBLE

A SUMMARY OF YOUR RIGHTS UNDER THE CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCY'S ACT

- The California Investigative Consumer Reporting Agency's Act (ICRAA) gives you specific rights, which, in summary, are as follows:
- The consumer reporting agency must supply its files and information about you during normal business hours upon reasonable notice from you
- You are entitled to view the files maintained about you in person if you so choose
- To view your file in person, you must provide proper identification. You cannot be charged a fee to view your file, but if you want a copy, you can be charged a fee not to exceed the actual cost of duplication
- You are entitled to make a written request for a copy of your file to be sent to you. The request must be sent by certified mail, and you may be charged a fee for the copy
- You are entitled to request in writing that the consumer reporting agency contact you by telephone to inform you of the information in your file. If you do this, you must provide telephone contact information and must arrange for payment of any toll charge related to the call
- The consumer reporting agency can ask you for proper identification to verify that you are the consumer on whom its file is maintained. This includes such documents as a valid driver's license, social security account number, military identification card and/or credit card. If you are not able to reasonably identify yourself with one of the foregoing types of information, then the consumer reporting agency may require that you provide additional information to verify your identity
- The consumer reporting agency must provide a trained person to explain the information contained in your file
- When reviewing your file, you are entitled to be accompanied by one other person of your choosing.
- This person can be required to furnish reasonable identification, and the consumer reporting agency can require that you provide written permission for discussion of your personal information in the other person's presence

A Summary of Your Rights Under the Fair Credit Reporting Act

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130A 600 Pennsylvania Ave N.W., Washington, D.C. 20580

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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.ftc.gov/credit.
- **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.ftc.gov/credit.

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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
	Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051