

CHILDREN'S MERCY ADULT (18 years+) VOLUNTEER HEALTH FORM

Infor # _____

Volunteer Information: (to be completed by volunteer) PLEASE PRINT - USE BLACK INK

Name (Last)	(First)	(M.I.)	Sex	Today's Date
Preferred Name:			Age	Date of Birth
EMAIL ADDRESS: (This is how we communicate with you, please use a current email address that you check often. Please add volunteer@cmh.edu as a safe sender.)			Home Phone ()	SSN: (required for background checks)
Address (Street, City, State, Zip Code)			Cell Phone ()	
In Emergency Notify:			Emergency Contact Phone ()	Relationship

I certify that all facts provided on this Health Form are true and complete. I give permission for the Occupational Health Nurse to administer such screening or other vaccines and laboratory tests that may be necessary while I am volunteering at Children's Mercy Hospital. I authorize the release of my occupational health record to be used by Children's Mercy Hospital in its discretion in employment or related purposes consistent with applicable laws.

I understand all new volunteers will have a blood test at Children's Mercy Outpatient Lab prior to their volunteer start date.

Volunteer Signature _____ **Date** ____/____/____

Health Documentation: To be completed by physician/health provider, or by providing printed record of immunizations. Your former high school should be able to provide a record of your childhood immunizations.

Please provide the following dates the individual referenced above received the following immunizations.

Measles, mumps, rubella (MMR) vaccination dates: #1 ____/____/____ #2 ____/____/____

Chicken Pox (Varivax) vaccination dates: #1 ____/____/____ #2 ____/____/____

Tetanus Diphtheria Acellular Pertussis booster (Tdap): ____/____/____

Physician/Healthcare Provider Contact Information: (required)

Signature of Physician

Printed Name of Physician

Address/ City/State/Zip

____/____/____
Phone

____/____/____
Date

Influenza Vaccine: (Flu) ____/____/____

(If you have had the current season flu vaccine, please provide documentation—such as a printed immunization record or record screen shot—if applying between September – May.)

Volunteer Permission:

Dear Volunteer,

Please read and sign this form.

At **Children’s Mercy Hospital** the Volunteer Program requires a minimum number of hours. This form is required as part of the application process and must be completed to be considered for Volunteer Program. We look forward to having you as a volunteer in our hospitals and clinics.

I give my permission _____ regarding the following:
(Name – please print)

- **Blood testing** to be performed by the Children’s Mercy Hospitals and Clinics Outpatient Lab to detect Tuberculosis infection. These blood tests may also include testing to determine immunity to Measles (Rubeola), Mumps, Rubella, and/or Varicella (chicken pox) as deemed necessary by Children’s Mercy Hospital Occupational Health Nurse as a part of their occupational health assessment.
- I understand that I may contact the Occupational Health nurse at (816)-234-3179 with any questions. Based upon the test results, I understand that there may be vaccinations and or boosters required following this testing.
- **To receive emergency medical treatment** if I become ill or injured while volunteering at Children’s Mercy Hospital.
- **I give permission for Children’s Mercy Hospital to take photographs** _____ as a volunteer, for media related publications. I understand the Volunteer Services Department staff will not contact me when photographs are chosen for use in any brochure or publication.
- **I understand Children’s Mercy Hospital may utilize a recorded video interview** as part of the process to become a volunteer.
- **I give permission for Children’s Mercy Hospital to run a background check upon initial enrollment in the volunteer program. I also give permission to Children’s Mercy to run recurring background checks as part of their standard practice.** I have been given my rights under the fair credit reporting act. (p 3)

Signature _____ Date: ____ / ____ / ____

Address: _____

Home Phone: _____ Work Phone: _____

Send Document(s) to:

Please return completed health form to Children’s Mercy Volunteer Services Department:

You may email us the form by sending to this email address: volunteer@cmh.edu

You may mail us the form by US mail:

Children’s Mercy Hospital
Volunteer Services Department
2401 Gillham Road
Kansas City, Missouri 64108

If you have questions please do not hesitate to call us: (816) 760-8864

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 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 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.