

**CHILDREN'S MERCY MINOR VOLUNTEER HEALTH FORM**

Kronos # \_\_\_\_\_

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

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

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 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** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check one appropriate box:**    **High School Student**    **College Student**    **PAVE**

**Health Documentation: To be completed by physician/health provider, or by providing printed record of immunizations. Your 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 Info: (required without copy of immunization records)**

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Address/ City/State/Zip

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone

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

Influenza Vaccine: (Flu) \_\_\_\_/\_\_\_\_/\_\_\_\_

***(Please provide documentation—such as a printed immunization record or record screen shot—for flu vaccination if applying between September – May.)***

**Parental Permission: (for those under 18 years of age) to be completed by parent or guardian**

**Dear Parents/Guardians,**

Your child is interested in volunteering at Children's Mercy Hospital for the Student Volunteer Program. Please read and sign this form. By signing this letter you are stating that you will fully support your son/daughter to serve in their community.

At Children’s Mercy Hospital the Student Volunteer Program requires a minimum number of hours depending on the session your child is enrolled in. The form is required as part of the application process and must be completed to be considered for the designated Student Volunteer Program. We look forward to having your child as a volunteer in our hospitals and clinics.

I give permission as parent or legal guardian of: \_\_\_\_\_ regarding the following:  
(Volunteer Name – please print)

- I understand that my son/daughter may be attending the Student Volunteer Program at Children's Mercy Hospital.** I will fully support them and strongly encourage them to attend the required time.
- Blood testing** to be performed by the Children’s Mercy Hospitals and Clinics’ 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 and that I may accompany my child for this assessment.
- 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 he/she becomes ill or injured while volunteering at Children’s Mercy Hospital.
- I give permission for Children’s Mercy Hospital to take photographs** of my son/daughter \_\_\_\_\_ as a student volunteer, for media related publications. I understand the Volunteer Services Department staff will contact me when any photograph is chosen for use in any brochure or publication.
- I give permission for Children’s Mercy Hospital to utilize a recorded video interview** of my son/daughter as part of the process to become a volunteer.
- I give permission for Children’s Mercy Hospital to run a background check for my son/daughter 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship: \_\_\_\_\_

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](mailto:volunteer@cmh.edu) Call (816) 760-8864 with any Questions  
You may mail us the form by US mail: **Children’s Mercy Hospital  
Volunteer Services Department  
2401 Gillham Road, Kansas City, Missouri 64108**

## 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](http://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](http://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](http://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](http://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](http://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.**

