



Children's Hospital Los Angeles

Application for Volunteer Service/ Adult (18+)

Please type or print legibly

Date: _____

Last Name	First Name	Middle
Street Address		
City	Zip	Cell Phone: Home Phone:
Birthday (Month/ Date/ Year)		Social Security Number - -
Gender (Please circle) M F	Drivers License Number and State	
Email Address	Have you ever been an employee or volunteer at Children's Hospital Los Angeles? If yes, when and what department?	
Are you legally permitted to work in the United States? Yes No (Please explain)		
Have you ever been convicted of a crime (other than a minor traffic violation)? No Yes (Please explain)		
Education (Name of School, College, or University)		Foreign Languages Spoken
Major	Degree	Year
Are volunteer hours required for a class/ course or community service credit? (If yes, please explain) Number of required service hours: _____ Required date of completion: _____ Will you require an evaluation? _____ Evaluation must be completed by: _____		
Previous or current volunteer experience		
Current Employer Position Address Phone - - OK to call? Yes___ No___ Work Hours		
Local Reference (Other than employer) Occupation		Phone
Emergency Contact Relationship		Phone
Schedule and Assignment Preference Direct Patient Contact _____ Other Support Services _____ Particular area of interest? _____		
Dog Visitation/Therapy _____ If so, are you Delta Certified? Yes <input type="checkbox"/> No <input type="checkbox"/> Delta Member # _____		
Availability: Our current Need is Monday – Friday between 8:00am-5:00pm Please indicate your availability below:		
Day(s) of the week: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>		
Shift(s): Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>		

Volunteer Agreement and Certification of Information

Believing that Children's Hospital Los Angeles has need of my services as a volunteer, I agree:

To hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, parents, doctors, or personnel, and will not seek confidential information in regard to a patient.

That my services are donated to Children's Hospital Los Angeles without contemplation of compensation, or future employment, and given with humanitarian or charitable reasons.

Regular Volunteers:

To commit to 100 hours and at least six (6) months of service, the first month to be mutually probationary.

Dog Assisted Therapy Volunteers:

To commit to 2 dog visits/month and at least six (6) months of service.

All Volunteers:

I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize Children's Hospital Los Angeles to investigate and/ or verify the foregoing information and any other information which might assist them in determining my qualifications for volunteering. I release Children's Hospital Los Angeles and my former employers, and all others from any liability from damage which may result from such investigation, if, upon investigation, anything contained in this application is found to be untrue. I further agree to conform to the rules and regulations of this facility. I understand that my volunteer status at Children's Hospital Los Angeles can be terminated at any time for failure to comply with the policies, rules, and regulations of the Hospital including those of the volunteer department; for absences without notification; for reasons of unsatisfactory attitude, work or appearance; and for any other circumstances which, in the judgment of the Hospital, would make my continued service as a volunteer contrary to the best interests of the Hospital. **I also understand that on one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.**

ANY PERSON WHO INTENTIONALLY GIVES MISLEADING OR FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE TERMINATION.

Print Name: _____ Date: _____

Signature: _____

Please return completed application to: Volunteer Resources · Children's Hospital Los Angeles · 4650 Sunset Blvd., MS #64 · Los Angeles, CA 90027 · (323) 361-2371 (p) · (323) 361-3631 (f)

**AUTHORIZATION, NOTIFICATION AND RELEASE FORM
FOR PROCUREMENT OF BACKGROUND REPORT**

In connection with my application for volunteer work with (Children’s Hospital Los Angeles) (“Company”), I, _____ (volunteer applicants name), understand and am hereby notified and authorize Company to procure a report for evaluation of me for volunteer work. I understand that these reports may contain information from public records, including written, oral, or other communications bearing on character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for volunteer purposes. I further understand that such inquiries may include, but are not limited to, criminal history, motor vehicle records, DOT verifications, military background, civil listings, education background, and professional background, from any individual, corporation, partnership, law enforcement agency, institution, school, organization, state board, licensing agency, and other entities including present and past employers.

In connection with my application for volunteer work with Company, I further understand and am hereby notified that an investigative report may contain information from public records, including but not limited to, written, oral or other communications bearing on, character, general reputation, personal characteristics, or mode of living which may be obtained through personal interviews with neighbors, friends or associates of me and may or may not be used as a factor for volunteer purposes. I further understand that such inquiries may include, but are not limited to, investigations regarding worker’s compensation, harassment, violence, theft, or fraud.

I have received and reviewed a copy of the Summary of Rights under the California Investigative Consumer Reporting Agencies Act. I understand that I have the right to request, in writing, information regarding the nature and scope of any investigative report prepared on me.

I authorize without reservation any party or agency contacted by this employer to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time my application for volunteer work is being considered or throughout the duration of my volunteer work in the event that I am accepted or am a current Company volunteer.

My Social Security Number is _____ My date of birth (DOB) is ____/____/____*

My previous name (if any) is _____

My Driver’s License number is _____ and was issued by the state _____

If you have had another Driver’s License in the last three years put that number here: _____

My high school, named _____ is located in (City) _____, State _____

Current Address:

Number and Street City State Zip County Years

Previous Addresses within the last seven (7) years: Attach additional pages if necessary

Number and Street City State Zip County Years

Number and Street City State Zip County Years

You have the right to receive a copy of your report free of charge should one be requested for employment purposes. I wish to receive a copy of my report should one be ordered.

Applicant Signature _____ Date _____

I acknowledge that I have voluntarily provided the above information for volunteer purposes, and I have carefully read and understand this authorization.

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Private Eyes, Inc 190 North Wiget Lane, Suite 220, Walnut Creek, CA 94598 at (925)927.3333 or (877)292.3331 Fax (877)292.3330

Client Account Number: 916100 – Children’s Hospital Los Angeles – Volunteer Resources Dept (Premier Inc Member

Children's Hospital Los Angeles
Volunteer Resources

Background Investigation Authorization: Information Sheets

California Investigative Consumer Reporting Agencies Act

COMPLETE TEXT OF SECTION OF THE LAW CONTAINING THE REQUIRED NOTICE TO CONSUMERS

The section of the California Civil Code, which are your rights under the Amended Act, are set out below in full.

§ 1786.22.

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
- (1) In person, if he/she appears in person and furnishes proper identification. A copy of his/her file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - (2) By certified mail, if he/she makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailing under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his/her identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him/her pursuant to Section 1786.10
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's files in such person's presence.
- (g) You have the right to know the names of the person and companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.
- (h) The agency must describe these rights to you in English and Spanish.



We Treat Kids Better

For your application to be considered, you must complete a personal essay. The essay must be one full double-spaced page, and written in size 12 Times New Roman font.

In recognizing your passion for children, please tell us why you should be considered for a volunteer position at Children's Hospital Los Angeles.