



Dear Junior Volunteer Applicant,

Thank you for your interest in the Texas Health Frisco Junior Volunteer Program. This program is designed for high school students ages 16–18. Applicants must be at least 16 years of age by May 1st to be considered.

This program is based solely on community service as opposed to career development; there will be no shadowing or observation opportunities with this program. Placements may not be in clinical departments and will consist of support activities.

Be certain you can commit to attending the mandatory Orientation and volunteer for 64 hours over the course of nine weeks. Orientation is required for all volunteers to participate. This is a time to share our hospital's policies and procedures as well as familiarize yourself with our program. Orientation also provides you with the opportunity to meet other students selected for the program.

Important Program Dates:

- Mandatory Student/Parent Meeting – Wednesday, March 26th from 5:30 p.m. to 7:30 p.m.
- Mandatory Student Orientation – Monday, June 2nd from 10:00 a.m. to 2:00 p.m.

You will be required to volunteer for (2) four-hour shifts per week over the course of nine weeks (with an extra built-in week for a vacation if needed). At the end of the program, you will have completed 64 hours of volunteer service. If you plan to be away (vacation, summer school, camps, etc.) for more than the allotted week off, regretfully, your application will not be considered.

Next Steps:

- **Application packets due by Friday, February 21st**
- **Interview notifications begin February 24th**
- **Selections week of March 17th**

Remember...Application packets must be received by February 21st deadline. Incomplete and late applications will not be considered. Applications can be returned in the following ways:

1.) **Email to thfvolunteerservices@texashealth.org**

2.) **Mail to (must be postmarked by Feb 21st)**

Texas Health Frisco
Volunteer Services
12400 Dallas Parkway
Frisco, TX 75033

We are excited at the possibility of you being a part of this year's team. Wishing you the best through your application process.

Kindly,
Christina Lapsley
Manager of Volunteer Services

Manual Order – Background Check Application

Please complete the following required information for Texas Health to complete a background review. In addition, you will be asked to complete authorization forms.

Basic Information

First Name	
Last Name	
Date of Birth	
Social Security Number	
Phone	
Email	
Driver's License Number	
Driver's License Issuing State	
Address	
Country	
Zip	
State	
City	
County	

Criminal Records

Please provide information regarding any criminal findings which may appear on your record. If none, list N/A.	
Record Type (felony/ misdemeanor)	
Date of offense	
Description/Details	

Additional Names/Addresses

Please provide any additional names or addresses. If none, list N/A.	
Name(s)	
Addresses (within last 7 years)	

Please sign below to acknowledge the above information is true and correct.

Name: _____

Signature: _____

Date: _____

BACKGROUND CHECK AUTHORIZATION

To the extent permitted by applicable law, I hereby consent to and authorize **Texas Health Resources** and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company"), to procure consumer report(s), which may include criminal background check(s), investigative consumer report(s) (as defined by the federal Fair Credit Reporting Act), and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures** (all of which I have received separately from the Company). I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures**, as well as this **Background Check Authorization**. My authorization remains valid throughout my employment with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s) (as defined by federal law), during my employment without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain employment positions, jobs, work sites, etc.).

I understand that, if I am hired and begin work for Company, a consumer report will have been conducted on me.

For California, Minnesota, or Oklahoma applicants/employees only: If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please reach out to thrbgbackgroundcommittee@texashealth.org.

Please sign below to consent, authorize, agree, and confirm your review and understanding, as set forth in this **Authorization**.

Name: _____

Signature: _____

Date: _____

**BACKGROUND CHECK
DISCLOSURE**

A consumer report is a background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency ("CRA") to **Texas Health Resources** and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company").

Company may obtain a consumer report on you to be used for employment purposes.

Please sign below to acknowledge you have read the *Background Check Disclosure*.

Name: _____

Signature: _____

Date: _____

ADDITIONAL DISCLOSURES

Investigative Consumer Report Disclosures

All applicants/employees: Texas Health Resources and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company"), may obtain an investigative consumer report on you to be used for employment purposes, including your application for employment. An investigative consumer report is a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal (including telephonic) interviews with neighbors, friends, associates, acquaintances, or others with whom you are acquainted or who may have knowledge concerning such items of information. (In California, the term "investigative consumer report" has a different meaning, as explained in the separate California State Law Disclosures (if applicable).) You have a right to request from Company disclosures of the nature and scope of an investigative consumer report and a summary of your rights under the federal Fair Credit Reporting Act. Your request must be made in writing to Company at thrbackgroundcommittee@texashealth.org within a reasonable period of time after your receipt of this disclosure. A copy of "A Summary of Your Rights under the Fair Credit Reporting Act" is included below.

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 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.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 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-OPT-OUT (1-888-567-8688).

The following FCRA right applies with respect to nationwide consumer reporting agencies: **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE. You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit. As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years. A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

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. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau; 1700 G Street, N.W.; Washington, DC 20552 b. Federal Trade Commission; Consumer Response Center; 600 Pennsylvania Ave., N.W.; Washington, DC 20580; (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency; Customer Assistance Group; 1301 McKinney Street, Suite 3450; Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center; P.O. Box. 1200; Minneapolis, MN 55480 c. FDIC Consumer Response Center; 1100 Walnut Street, Box #11; Kansas City, MO 64106 d. National Credit Union Administration; Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach; 1775 Duke Street; Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings; Aviation Consumer Protection Division; Department of Transportation; 1200 New Jersey Avenue, S.E.; Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board; Department of Transportation; 395 E Street, S.W.; Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access; United States Small Business Administration; 409 Third Street, SW, Suite 8200; Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission; 100 F Street, N.E.; Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration; 1501 Farm Credit Drive; McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission; Consumer Response Center; 600 Pennsylvania Ave., N.W.; Washington, DC 20580; (877) 382-4357

State Disclosures

The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to applicants/employees from, applying to, or working in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.

Massachusetts applicants/employees: An investigative consumer report commonly includes information as to your character, general reputation, personal characteristics, and mode of living. The precise nature and scope of any investigative consumer report obtained by Company will be information as to your character, general reputation, personal characteristics, and mode of living obtained through personal (including telephonic) interviews with neighbors, friends, associates, acquaintances, or others with whom you are acquainted or who may have knowledge concerning such items of information. You have a right to have a copy of any investigative consumer report, upon request, from by **Corporate Screening, 7271 Engle Rd, Ste 200, Cleveland, OH 44130, (800) 229-8606, www.corporatescreening.com.**

Minnesota applicants/employees: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from by **Corporate Screening, 7271 Engle Rd, Ste 200, Cleveland, OH 44130, (800) 229-8606, www.corporatescreening.com.** An investigative consumer report may be obtained on you and may include information obtained through personal interviews regarding your character, general reputation, personal characteristics, or mode of living.

Montana applicants/employees: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative consumer report.

New Jersey applicants/employees: An investigative consumer report commonly includes information as to your character, general reputation, personal characteristics, and mode of living. The precise nature and scope of any investigative consumer report obtained by Company will be information as to your character, general reputation, personal characteristics, and mode of living obtained through personal (including telephonic) interviews with neighbors, friends, associates, acquaintances, or others with whom you are acquainted or who may have knowledge concerning such items of information. You have a right to have a copy of any investigative consumer report, upon request, from by **Corporate Screening, 7271 Engle Rd, Ste 200, Cleveland, OH 44130, (800) 229-8606, www.corporatescreening.com.**

New York applicants/employees: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company at thrbackgroundcommittee@texashealth.org. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting the CRA. A copy of New York Correction Law Article 23-A is included below.

NEW YORK CORRECTION LAW ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§750. Definitions.

For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability.

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

- (1) In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
 - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
 - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
 - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
 - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.

- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

(2) In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment.

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

- (1) In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
- (2) In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

Washington State applicants/employees: 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 any “investigative” consumer report we may have 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. Any requests under this paragraph to the CRA should be made to **Corporate Screening, 7271 Engle Rd, Ste 200, Cleveland, OH 44130, (800) 229-8606, www.corporatescreening.com**.

Please sign below to acknowledge you have read the *Additional Disclosures*.

Name: _____

Signature: _____

Date: _____

**CALIFORNIA
STATE LAW DISCLOSURES**

For California applicants/employees: Under California law, an “investigative consumer report” is a consumer report in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through any means. **Texas Health Resources** and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”) may obtain an investigative consumer report (which may include information described above) from an investigative consumer reporting agency (“ICRA”) on you for employment purposes. The nature and scope of this investigation includes your character, general reputation, personal characteristics, or mode of living information, including criminal history, presence on exclusion lists (e.g. OIG/GSA and OFAC), driving record, education history, work history, and licensure/certifications.

The ICRA preparing the investigative consumer report and conducting the investigation will be Corporate Screening. Information regarding Corporate Screening’s privacy practices can be obtained by contacting Corporate Screening at **Corporate Screening, 7271 Engle Rd, Ste 200, Cleveland, OH 44130, (800) 229-8606, www.corporatescreening.com**.

Under California Civil Code section 1786.22, you are entitled to a visual inspection of files maintained on you by an ICRA, as follows:

- (1) In person, if you appear in person and furnish proper identification, during normal business hours and on reasonable notice. A copy of your file shall also be available to you for a fee not to exceed the actual costs of duplication services provided;
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. An ICRA complying with requests for certified mailings under California Civil Code section 1786.22 shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA;
- (3) A summary of all information contained in your files and required to be provided by California Civil Code section 1786.10 shall be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charges, if any, for the telephone call are prepaid by you or charged directly to you.

“Proper Identification,” as used above, means information generally deemed sufficient to identify you, which includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you pursuant to California Civil Code section 1786.10 and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection under California Civil Code section 1786.22.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Please sign below to acknowledge you have read the *California State Law Disclosures*.

Name: _____

Signature: _____

Date: _____



Healing Hands. Caring Hearts.™

VOLUNTEER AGREEMENT

Date _____

Name _____ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Rev. ___

Do you have any physical challenges or health problems that could limit your volunteer duties?

___ Yes ___ No *If yes, please explain so we may find the most suitable activity for you*

VOLUNTEER AGREEMENT

I understand that I am applying to be a volunteer, not a paid employee, within Texas Health Resources (THR). I understand that I am authorized solely to perform tasks assigned specifically to me. I understand I must follow all rules and regulations of THR. I understand that all information concerning THR and its patients/residents is strictly confidential, and I hereby agree to maintain this confidentiality. I agree to accept full responsibility and to hold harmless Texas Health Resources (THR), its employees, directors, officers, trustees or agents from any and all claims and damages that may arise from my participation in the volunteer program.

I understand that as a volunteer of Texas Health Frisco (THF), I may not provide volunteer services that involve direct patient care, and I may not provide volunteer services that require a license or certification. In addition, as a condition of volunteer placement, I may not solicit physicians on the THF medical staff or other clinical staff for "shadowing" or other educational opportunities. Such behavior may result in termination from my volunteer assignment.

I have read and understand the above and agree to comply with all rules and regulations of Texas Health Resources (THR) and the THF Volunteer Services Department. I understand that failure to comply with such rules and regulations may be cause for my removal from the volunteer program. I understand THF may terminate my volunteer services for any reason, or no reason.

Signature _____

Date _____

Texas Health Frisco * Volunteer Services Department
12400 Dallas Parkway * Frisco, TX 75033 * PHONE 469-495-2023



Healing Hands. Caring Hearts.™

Volunteer Business Associate and Confidentiality Agreement

In your performance of your volunteer duties on behalf of a Texas Health Resources (THR) entity, you may have access to Confidential Information. Confidential Information is valuable and sensitive and is protected by law and by THR Policy. The intent of these laws and policies is to assure that Confidential Information will remain confidential – that is, that it will be used only by those with appropriate authority as necessary to accomplish the organization’s mission.

Confidential Information is information concerning patients, participants of THR benefit plans and programs, customers, physician credentialing, peer review, quality review, committee records, personnel records, payroll records, salary and compensation information, logon and password information, employee health information and information related to operations and internal business affairs of THR that is not generally available to the public. You may learn of or have access to some or all of this Confidential Information through a computer system or through your volunteer activities.

Those requiring access to computerized information will be assigned a unique logon ID and password, as well as other control devices assigned for any purpose will be kept secure and confidential. The unique logon ID and password are equivalent to a legal signature. Users will be held accountable for any access utilizing their unique logon ID. Access cards and other facility security devices will be kept secure.

You are required to conduct yourself in strict conformance to applicable laws and THR policies governing Confidential Information. Access to Confidential Information is permitted only as authorized and as required for legitimate purposes in the performance of your volunteer function.

Protected Health Information (PHI) is information related to patients and their health care, conditions, treatment or payment. It extends to information that is transmitted or maintained in any form or medium, whether electronic paper or oral. All workers, whether directly involved in the care of the individual or providing support services, must use discretion when discussing PHI. PHI obtained should not be accessed or discussed unless absolutely necessary for work processes. Only PHI pertinent to the role of the volunteer’s function should be accessed and communicated per THR Policy. If PHI is being discussed or otherwise inappropriately disclosed, the incident should be reported to a supervisor or the Entity Privacy Officer.

Violation of confidentiality can result in corrective action, up to and including termination. Release of PHI, without proper authorization could result in civil and/or criminal penalties.

I understand that my volunteer function may require access to Confidential Information and that is my role to secure and protect the information. I agree to safeguard and retain the confidentiality of all Confidential Information. I understand that without permission of my supervisor, I may not remove Confidential Information from the entity premises. If I have Confidential Information in my possession upon termination of my volunteer position, I will return it to my supervisor. I understand the consequences of confidentiality violations defined in THR Policy.

Signature: _____

Print Name: _____

Date: _____

You have been chosen to provide a reference for _____, who has applied to be a High School Summer Volunteer at Texas Health Frisco. Please answer the following questions, sign and return the reference via email to thfvolunteerservices@texashealth.org. Include the students name in the subject line if returning by email. If mailed, recommendations must be sealed and on an organization's letterhead.

Sincerely,
Christina Lapsley, Manager, Volunteer Services

1. How long have you known this student and in what capacity? _____

2. What qualities does this student possess that will make him/her a good volunteer?

3. Would this student be good working with or around patients? _____
Why or why not? _____

4. Please rate the student in each of the following areas:

	Excellent	Good	Average	Fair	Needs Improvement
Dependable					
Trustworthy					
Punctual					
Takes Initiative					
Personal Appearance					
Follows Instruction					
Accepts Feedback					
Compatible w/ Peers					
Compatible w/ Adults					
Team Player					
Maturity					
Outgoing					

5. What other information can you give us that will enable us to offer the best volunteer assignment possible? _____

Signature

Date

Print Name Clearly

Phone Number

You have been chosen to provide a reference for _____, who has applied to be a High School Summer Volunteer at Texas Health Frisco. Please answer the following questions, sign and return the reference via email to thfvolunteerservices@texashealth.org. Include the students name in the subject line if returning by email. If mailed, recommendations must be sealed and on an organization's letterhead.

Sincerely,
 Christina Lapsley, Manager, Volunteer Services

1. How long have you known this student and in what capacity? _____

2. What qualities does this student possess that will make him/her a good volunteer?

3. Would this student be good working with or around patients? _____
 Why or why not? _____

4. Please rate the student in each of the following areas:

	Excellent	Good	Average	Fair	Needs Improvement
Dependable					
Trustworthy					
Punctual					
Takes Initiative					
Personal Appearance					
Follows Instruction					
Accepts Feedback					
Compatible w/ Peers					
Compatible w/ Adults					
Team Player					
Maturity					
Outgoing					

5. What other information can you give us that will enable us to offer the best volunteer assignment possible? _____

 Signature

 Date

 Print Name Clearly

 Phone Number

Health Screening Parent/Guardian Information

All students must provide immunization records with their Junior Volunteer Application. The student’s current immunization record will be reviewed by Employee Health for the below mandatory vaccines/tests. Please be aware if immunizations are needed you must go through your family physician at your own expense before your student can begin volunteering.

After notification of acceptance into the program each student will be required to provide documentation of a TB test to be obtained at the student’s expense by their personal physician or other healthcare provider. Texas Health Frisco will provide the Urine Drug Screen.

Once accepted into the program you will receive notification and specific instructions for scheduling your required appointment with Employee Health. It will be your responsibility to contact Employee Health adhering to the established deadlines bringing the following items:

- Student Driver’s License or Picture ID
- Parent Driver’s License or Picture ID
- Student Social Security Number (card not needed)
- TB test results
- In preparation for the Urine Drug Screening, drink no more than 16 ounces of fluid in the 3 hours prior to your appointment to prevent a dilute Sample.

A parent/guardian must accompany student to this appointment if under the age of 18.

Mandatory Vaccines/Tests	Documents Accepted
Varicella (Chickenpox)	2 Doses of Vaccine or Lab Evidence of Immunity
Measles, Mumps, Rubella (MMR)	2 Doses
Tetanus, Diphtheria, Pertussis (Tdap)	Most recent
<i>After acceptance into the program the following are required. Information will be provided at the Student/Parent Meeting.</i>	
TB Test	TB Blood Test – TSpot or IGRA
Urine Drug Screening	Provided by Texas Health Frisco



Substance Abuse Screening Consent and Authorization for Release of Information

Name: _____ **Date of Birth:** ____/____/____
Applicant SS #: ____-____-____ **City/State/Zip:** _____
Address: _____ **Evening Phone #:** _____
Day Phone #: _____

I hereby consent to urine, breath, saliva, and/or blood testing for the purpose of detecting the presence of alcohol and drugs, including prescription medications, controlled substances (*amphetamines, barbiturates, morphine, etc*), illegal drugs (*cocaine, heroin, marijuana, etc*), and inhalants.

Applicant: I understand per THR Human Resource guidelines that if I decline to sign this consent, and thereby decline to submit a sample for the drug test, or fail to provide a specimen within the allowable timeframe, the post-offer medical examination will not be completed and termination of the job offer may result.

Employee: I understand that failure to submit a sample for testing due to post-injury, random, and/or reasonable suspicion will result in termination of my employment from THR.

I also understand that that Employee Health Services will report my compliance or non-compliance with the THR Substance Abuse Policy to the Human Resources Department. I understand that I may not obtain copies of my drug screen result.

I further consent to the release of the drug test results to the THR designated Medical Review Officer: Dr. Joseph Berley. I authorize the THR Medical Review Officer to verify my drug test results, to discuss medical explanations with prescribing and treating physicians and issuing pharmacists, to report results to THR and/or THR representatives, to confer with Substance Abuse Professionals and evaluating physicians, and/or to report other medical information for employment purposes. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient.

This consent and authorization is not an employment contract and does not guarantee employment. I hereby release Texas Health Resources, its employees and agents from any and all claims, or causes of actions resulting therefrom or relating thereto.

This authorization will expire ninety (90) days from the date of my signature. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization.

Date: _____ **Signature:** _____
Student Donor or Legally Authorized Representative

Print Name

SELF or:
Relationship to Donor

EHS Witness Signature: _____ Date: _____
This form complies with the Privacy Information Act of 1976 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Junior Volunteer Forms to Be Returned

Please make certain that all forms are completed and signed prior to returning. Adhere to the deadline for return!

- Manual Order – Background Check Application
 - Sign pages 1,2, 3, 4, 9 & 11
- Copy of Identification Card or Driver's License
- Copy of Social Security Card
- Volunteer Agreement
- Volunteer Business Associate and Confidentiality Agreement
- Junior Volunteer Recommendations (2)
 - To be returned by References
- Copy of Immunization Records
- Substance Abuse Screening Consent