



VOLUNTEER APPLICATION

Please complete this application and return to the Volunteer Services Office. Email mail to
 Email Address: icanvolunteer@piedmont.org

Today's Date: _____

PRINT Legal Last Name:	Legal First Name:	Legal Middle Name:
Complete Street Address:		
City:	State:	ZIP Code:
Date at this location: _____ Month _____ Year		
Home Phone:		Cell Phone:
E MAIL ADDRESS:		
Date of Birth: Month:	Day:	ARE YOU AGE 18 OR OLDER? Yes ___ No ___
Social Security number:		
IN EMERGENCY NOTIFY (NAME):		RELATIONSHIP:
CONTACT PHONE:		
Are you currently enrolled in school? Yes ___ No ___ If Yes, Where: _____ What is your major field of study? _____		
Which campus would you like to volunteer? Midtown Campus _____ Northside Campus _____ John B. Amos Cancer Center _____		

I hereby certify that all information given on this application is true and correct to the best of my knowledge without consequential or significant omissions of any kind whatsoever. I understand that Piedmont Columbus Regional will conduct a thorough inquiry of my personal character to verify the data provided herein and I agree to release from liability any person giving or receiving information in connection with this inquiry. I further understand that any falsification of information given in this application or any consequential or significant omissions therefore will be considered sufficient cause for either refusal to volunteer or immediate discharge from the organization. I waive my right of privacy in this investigation and release and hold harmless Piedmont Columbus Regional from any liability

Disclosure and Authorization Regarding Background Investigation For Employment & Volunteer Purposes

Disclosure

Piedmont Healthcare (the "Company") may request from a consumer reporting agency and for employment-related purposes, a consumer report(s) (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC (HireRight") will prepare or assemble the background reports for the Company. HireRight Is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; ; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing; credential and certification checks; drug/alcohol testing results and history; military service other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Print legal name: _____

Legal Signature: _____ Date: _____

MAILING ADDRESS:

Piedmont Columbus Regional Auxiliary
710 Center Street
Columbus, GA 31901

Email Address: icanvolunteer@piedmont.org

(706) 571-1484