SIH

Volunteer Services

Dear Prospective Volunteer,

Thank you for your interest in volunteering at an SIH hospital or facility! Volunteering is a wonderful way to meet new people and make a meaningful difference for our patients, visitors, and staff. We're excited about the possibility of you joining our volunteer team.

Volunteers play an essential role in delivering quality, compassionate care. Each year, they generously contribute more than 20,000 hours of service—truly one of life's most precious gifts.

Requirements to Volunteer at SIH

Before you begin, please note the following requirements:

- **Background Check:** A background check is required prior to volunteering.
- **Tuberculosis Test:** State regulations require a TB test, which can be completed at SIH Work Care in Marion at no cost.
- **Influenza Vaccine:** SIH requires proof of an annual flu shot or vaccination prior to your assignment.
- **Orientation:** You will complete a brief orientation covering patient safety, personal safety, HIPAA, Confidentiality, and Compliance.
- **References:** Two volunteer references are required. For your convenience, reference forms are included in this packet. They can be returned by mail or email or sent directly to Volunteer Services.

Please complete and return the attached application form at your earliest convenience. Once your paperwork is processed, the hospital or facility will contact you to schedule a meeting to review these steps.

Thank you again for your interest in volunteering at an SIH hospital or facility. We look forward to welcoming you to our volunteer team!

Sincerely,

Volunteer Services
SIH

SIH

Volunteer Services

Volunteer Application (Adult 18+)

Name: _____ **Date of Birth: (month/day ONLY)** _____ /_____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

Are you an SIH Employee? ❒ **Yes** ❒ **No** ❒ **Retired**

Occupation: _____

Employer: _____

Work Address: _____

City: _____ **State:** _____ **Zip:** _____

Which hospital(s) or facility would you like to volunteer for?

❒ Memorial Hospital of Carbondale (MHC) ❒ St. Joseph Memorial Hospital (SJMH)

❒ Herrin Hospital (HH) ❒ Harrisburg Medical Center (HMC) ❒ SIH Cancer Institute (CI)

What type of volunteer activities interests you?

❒ Gift Shops (MHC/SJMH/HH/HMC/CI) ❒ Information Desk (MHC) ❒ Emergency Department (MHC)

❒ Nursing Units (MHC) ❒ Pastoral Care (MHC/SJMH/HH/HMC/CI) ❒ Food Service (CI)

❒ Mother/Baby Department Cuddler *(restrictions may apply – MHC Only)*

❒ Other *(any other area in the hospital you may be interested in)* _____

Days and times you can volunteer:

❒ Weekdays Days: M T W TH F (*circle all that apply)* Times: _____

❒ Weekend Days: SA SU (*circle all that apply)* Times: _____

Describe your present/past work experiences:

_____

_____

Volunteer Services

Describe your present and/or previous volunteer experience(s):

_____

_____

Organizations to which you belong: *(church, community, civic, school)*

_____

_____

Commitments you currently have:

_____

_____

How did you hear about us? If by another volunteer or SIH employee, please let us know name:

_____

Background checks are required as a Volunteer. **(Reference forms included below)**
References: *(persons – not relatives – whom we may contact regarding your volunteer skills)*

Name: _____ Occupation: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Name: _____ Occupation: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Volunteer Applicant's Signature: _____ **Date:** ____/____/____

Please return completed forms to your facility of choice, or for more information, contact:

Memorial Hospital of Carbondale | SIH Cancer Institute **405 W Jackson St | Carbondale IL 62901** Paula Frisch 618.549.0721 ext. 65108 paula.frisch@sih.net	**Herrin Hospital** **201 S 14th St | Herrin IL 62948** Camille McCormick 618.942.2171 ext. 35370 camille.mccormick@sih.net
St. Joseph Memorial Hospital **2 Hospital Dr | Murphysboro IL 62966** Taylor Richelman 618.684.3156 ext. 55300 taylor.richelman@sih.net	**Harrisburg Medical Center** **100 Dr Warren Tuttle Dr | Harrisburg IL 62946** Wendy Holland-Powell 618.253.7671 ext. 10288 wendy.hollandpowell@sih.net

www.sih.net/giving-back

SIH

Volunteer Services

Volunteer Reference Form (1)

_____ has applied to work as a Volunteer at an SIH Hospital or Facility. Please take a moment to answer the following questions.

1. Do you recommend the applicant as dependable and qualified to accept volunteer responsibilities in a hospital setting?

2. How long have you known the applicant?

3. In what capacity do you know the applicant (social, business, etc.)?

4. Would you recommend this person as a volunteer?

   ❒ Yes, the applicant should be considered for volunteering.
   ❒ No, the applicant should **not** be considered for volunteering.

Additional Comments: _____
_____

Printed Name: _____ Phone#: _____

Signature: _____ Date: _____/_____/_____

Please return completed forms to your facility of choice, or for more information, contact:

Memorial Hospital of Carbondale | SIH Cancer Institute **405 W Jackson St | Carbondale IL 62901** Paula Frisch 618.549.0721 ext. 65108 paula.frisch@sih.net	**Herrin Hospital** **201 S 14th St | Herrin IL 62948** Camille McCormick 618.942.2171 ext. 35370 camille.mccormick@sih.net
St. Joseph Memorial Hospital **2 Hospital Dr | Murphysboro IL 62966** Taylor Richelman 618.684.3156 ext. 55300 taylor.richelman@sih.net	**Harrisburg Medical Center** **100 Dr Warren Tuttle Dr | Harrisburg IL 62946** Wendy Holland-Powell 618.253.7671 ext. 10288 wendy.hollandpowell@sih.net

SIH

Volunteer Services

Volunteer Reference Form (2)

_____ has applied to work as a Volunteer at an SIH Hospital or Facility. Please take a moment to answer the following questions.

1. Do you recommend the applicant as dependable and qualified to accept volunteer responsibilities in a hospital setting?

2. How long have you known the applicant?

3. In what capacity do you know the applicant (social, business, etc.)?

4. Would you recommend this person as a volunteer?

   ❒ Yes, the applicant should be considered for volunteering.
   ❒ No, the applicant should **not** be considered for volunteering.

Additional Comments: _____
_____

Printed Name: _____ Phone#: _____

Signature: _____ Date: _____/_____/_____

Please return completed forms to your facility of choice, or for more information, contact:

Memorial Hospital of Carbondale | SIH Cancer Institute **405 W Jackson St | Carbondale IL 62901** Paula Frisch 618.549.0721 ext. 65108 paula.frisch@sih.net	**Herrin Hospital** **201 S 14th St | Herrin IL 62948** Camille McCormick 618.942.2171 ext. 35370 camille.mccormick@sih.net
St. Joseph Memorial Hospital **2 Hospital Dr | Murphysboro IL 62966** Taylor Richelman 618.684.3156 ext. 55300 taylor.richelman@sih.net	**Harrisburg Medical Center** **100 Dr Warren Tuttle Dr | Harrisburg IL 62946** Wendy Holland-Powell 618.253.7671 ext. 10288 wendy.hollandpowell@sih.net

Southern Illinois Healthcare

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

(BHR BASIC)

Disclosure

Southern Illinois Healthcare has contracted with Bushue Background Screening in connection with my application for employment (including contract or volunteer services), I understand consumer reports will be requested by you ("End-User"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization

I, _____, hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights:

I understand I have the right to make a request to the consumer reporting agency: Bushue Human Resources, Inc. d/b/a Bushue Background Screening ("Agency"), 302 East Jefferson Avenue, Suite B, Effingham, IL 62401, telephone number (217) 342-3042 or toll free at (877) 342-3042 , upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on End-User's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.bushuebackgroundscreening.com.

I understand that if the End-User is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report End-User receives on me at the time the report is provided to End-User. By checking the following box, I request a copy of all such reports be sent to me. Check here: ☐

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Bushue Background Screening
LIVESCAN FINGERPRINTING AND BACKGROUND SCREENING SERVICES

Southern Illinois Healthcare

(BHR BASIC)

*Information below is being used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name (full name)	**First:**	**Middle:**	**Last:**		
Alias or Maiden Name	**First:**	**Middle:**	**Last:**		
Home Address:	**Street Address:**	**City:**	**State:**	**Zip:**	

APPLICANT INFORMATION			
Date of Birth:	**Social Security Number:**	**Professional License(s) Held and State of Issuance:**	**Professional License #:**
Phone Number:	**Email Address:**		
Driver's License Number:	**State of Issuance:**	**Names as it Appears on Driver's License:**	

Eye Color:	**Hair Color:**	**Race:**	**Weight:**	**Height:** _____ ft. _____ in.

FORMER RESIDENTIAL LIVING HISTORY (most recent)				
Street Address	**City**	**State**	**Zip**	**Date last resided:**
Street Address	**City**	**State**	**Zip**	**Date last resided:**

OFFICE INFORMATION	
Location of Work Office (state):	**Position:**

EDUCATION HISTORY (most recent or highest level)			
Name of College, University, or School	**Degree was Earned:** YES NO	**Major:**	
City/State	**Telephone Number:**	**Degree Type:**	**Date of Graduation**

APPLICANT SIGNATURE AND DATE	
Signature (if under the age of 18, parent/guardian signature is required):	**Date:**

Southern Illinois Healthcare/Southern Illinois Medical Services

AUTHORIZATION FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by **Southern Illinois Healthcare/Southern Illinois Medical Services** ("end-user") and its consumer reporting agency Bushue Background Screening ("Agency"). In my connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for the End-User to procure such reports at any time during, as permitted by law, my employment (or other affiliation) with the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I specifically authorize the obtaining of the following reports, but not limited to: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, my driving record, judgments, bankruptcy proceedings, evictions, other public records, criminal history records, fingerprint records, etc.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

I authorize the End-User and the Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. I also authorize the use of electronic signatures. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Bushue Background Screening at (217) 342-3042 or info@bushuebackgroundscreening.com.

Signature:_____ Date: _____

Southern Illinois Healthcare

DISCLOSURE FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

Southern Illinois Healthcare ("end-user") has contracted with Bushue Background Screening in connection with my application for employment, volunteerism, contracted services, tenancy, enrollment, acceptance into a program, and/or other reasons. I understand consumer reports will be requested by you the end-user. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, fingerprint records etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand the end-user can use this disclosure in connection to obtaining consumer reports throughout my employment, volunteer services, contracted service, tenancy, enrollment, etc. with the end-user.

Signature: _____ Date: _____