



20333 W. 151st St., Olathe, KS 66061
p: 913.791.4380 | olathehealth.org

Thank you for your interest in volunteering at Olathe Medical Center.

A copy of the volunteer/Ambassador application and background check are enclosed. Please complete and return these forms to the Volunteer Services Department at your earliest convenience. Please be sure you take the time to carefully read through this paperwork.

You can return these documents to the Volunteer Services Office in one of three ways:

- Return both documents in the self addressed envelope
- Fax or scan to the Volunteer Services Office at 913-791-3554 or Abby.Hardwick@olathehealth.org
- Present it in person to:
Volunteer Services Department
Olathe Medical Center
20333 W. 151st St.
Olathe, KS 66061

Once your information is received and the background check completed, you will be advised of the next orientation date. All members of the Ambassador organization are required to attend orientation and provide proof of required immunizations. Upon completion of those requirements, you will be ready to become a volunteer.

The Ambassadors have provided service to the system for over 60 years! The Ambassador organization is well respected among the employees and guests, and has created an impressive legacy with their gifts of time and talent. Our number one focus is customer service and being a part of a positive experience within the Olathe Health System, Inc.

Please do not hesitate to contact the office should you have any questions.

Again, thank you for your interest in Olathe Medical Center and our volunteer program.

Sincerely,

A handwritten signature in black ink that reads "Abby".

Abby Hardwick
Volunteer Services Manager
913-791-4380



AMBASSADOR APPLICATION

VOLUNTEER PROFILE

Name _____
Last First M.I.

Address _____
Street

_____ City State Zip

Telephone: _____
Home Phone Cell Phone

E-Mail _____ Date of Birth _____

Male Female Shirt Size (for Ambassador uniform): _____

Emergency Contact:

Name _____ Relation _____

Phone _____

How did you hear about the volunteer program for Olathe Medical Center? _____

Reason for applying for volunteer work:

Do you have your own transportation? Yes No



Describe any present or previous volunteer work you have done: _____

List any special skills (to include computer skills), training, hobbies, or interests:

Area or Department of Interest in the Organization (please check all that apply):			
<input type="checkbox"/> Information/Reception Desks	<input type="checkbox"/> Patient Registration	<input type="checkbox"/> Surgery Family Waiting Room	<input type="checkbox"/> Gift Shop
<input type="checkbox"/> Office/Clerical Work	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Mail Delivery	<input type="checkbox"/> Pet Therapy
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Computer	<input type="checkbox"/> Other:	

Education and Employment:

Last year completed: High School 1 2 3 4 College 1 2 3 4 Graduate 1 2

Are you presently employed? Yes No If yes, hours per week _____

Employer's Name and Phone Number _____

Employer's Address _____

Your duties in this position consist of: _____

Circle the days/times you are available to volunteer:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Thank you for your interest in volunteering at Olathe Medical Center!



PHYSICIAN/HEALTH FORM

I certify that all facts provided in this application are true and complete. I give permission for Olathe Medical Center to administer such screening or other vaccines and laboratory tests that may be necessary while I am volunteering at Olathe Medical Center. I authorize the release of my health record to be used by Olathe Medical Center in its discretion in employment or related purposes consistent with applicable laws.

I understand all new volunteers will have a TB blood test, at Olathe Medical Center, prior to their volunteer start date.

Signature _____ Date _____

Thank you for your interest in volunteering at Olathe Medical Center!



FCRA Notice

The company intends to obtain a consumer report within the meaning of the Fair Credit Reporting Act (FCRA) regarding you during the application process and/or during the course of your employment with the company.

Authorization to Procedure Consumer Reports and/or Other Background Information

I understand that the company or a third party, consumer reporting agency acting on its behalf may conduct an investigation about my background including but not limited to: information about my character, previous employment, general reputation, educational background, credit history, driving record, and/or criminal history. I authorize all persons, corporations, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services to release my information. Moreover, I authorize any person or entity conducting the investigation or compiling and/or processing such information. I further understand that the company will provide me with written notice if any adverse employment action is to be taken based in whole or in part on information contained in a consumer report within the meaning of the FCRA.

Signature: _____

Printed Name (First, MI, Last): _____

Date: _____

Company: OMCI **Department: Volunteer Services** **Requestor: Abby Hardwick**

Please complete the information as required for a background check for a volunteer opportunity with Olathe Health System:

First:	Middle:	Last:
Social Security Number:	Date of Birth: (mm/dd/yyyy)	

List any other Last Names you have used (in the past 7 years):

List all addresses where you have lived during the past seven years (starting with most recent):

Address	City	State	Zip	From	To

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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.ftc.gov/credit.
- **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-OPTOUT (1-888-567-8688).
- **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.ftc.gov/credit.

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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	ve System Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051