

STUDENT VOLUNTEERS



Background Check, Essay,
References & GPA Forms

Instructions

1. **Pages 3 and 4:** Complete the RBA Staffing Solutions Reference Checking Authorization form including your social security number.
2. **Page 5:** Write your brief 150-200 word essay about why you want to participate in the volunteer program.
3. **Page 6: Minors (under 18 only).** Have a parent or guardian read and sign the "PARENTAL/GUARDIAN CONSENT AGREEMENT AND CONTRACT" (Page 6).
4. **Pages 7-9:** Distribute and have returned to you:
 - a. Two "LETTER OF REFERENCE FORMS" (Pages 7 & 8)
 - b. "DOCUMENTATION OF GPA" (Page 9)

For any questions regarding these forms or procedures, please contact the Volunteer Office at 585-922-3725.

RBA STAFFING REFERENCE CHECKING
 AUTHORIZATION OF DISCLOSURE
 FOR VOLUNTEERS



All information provided by me as part of my application for volunteering is accurate and true to the best of my knowledge. I understand and agree that any misrepresentation or omission of information by me may result in my rejection from volunteering.

I understand and agree that as part of its evaluation of my suitability for volunteering, **ROCHESTER REGIONAL HEALTH** should receive freely information and opinions about my educational background, previous work experience and work-related qualifications, behavior and character.

I therefore, knowingly and voluntarily, authorize and consent to the disclosure of information and opinions concerning me by the educational institutions I have attended, their agents and employees, my current and former employers, their agents and employees and other individuals including personal and professional references to RBA Staffing acting on behalf of **ROCHESTER REGIONAL HEALTH**.

I consent specifically to the release of any information and opinions about me contained in the files of my current and former educators and employers about my education or work by their agents and employees to RBA Staffing acting on behalf of **ROCHESTER REGIONAL HEALTH**. I also authorize RBA Staffing to access records of criminal background inquiries, public records and public record databases and driving records. I also authorize and consent to the disclosure by RBA Staffing to **ROCHESTER REGIONAL HEALTH** of any information and opinions it obtains about me. I understand that if I would like additional information about the investigation that may be done by RBA Staffing, I should contact RBA Staffing, 150 State St., Rochester, New York 14614, in writing.

This authorization, in original or copy shall be valid for this and any future reports and updates that may be requested. These reports may be attained at any time after the receipt of my authorization if I am accepted to volunteer by **ROCHESTER REGIONAL HEALTH**, throughout my service. I intend that a copy of this Authorization be as valid as the original.

I also understand that the information I provide regarding my date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

Applicant Name PRINTED (First Name, MI, Last Name)	Social Security Number	
Other Last Names/Alias/AKA's used in last 7 years	Applicants Date of Birth	Date

Please list all **counties** that you have lived in within the last seven (7) years including the current one.

County (or City if unknown)	State	Years of Residency	
		From:	To:
		From:	To:
		From:	To:
		From:	To:

<i>For internal use only:</i> Article 25-380-J: ____over ____under State of Residency _____

Applicant Signature

RBA STAFFING REFERENCE CHECKING
RELEASE OF CLAIMS



I understand that the information and opinions concerning me disclosed to RBA Staffing, and from RBA Staffing to **ROCHESTER REGIONAL HEALTH** may include both favorable and unfavorable material. I knowingly and voluntarily release each of my current and former educators and employers, RBA Staffing, and their respective agents and employees, and all other individuals and entities providing information, from any and all claims and liabilities, including but not limited to claims for defamation, retaliation, discrimination, damages, costs and attorneys fees, which have arisen or may arise in the future related to the information and opinions provided to RBA Staffing and from RBA Staffing to **ROCHESTER REGIONAL HEALTH**.

I understand that my execution of this Release is a condition of my being considered for employment by **ROCHESTER REGIONAL HEALTH**. My execution of this Release is for the benefit of **ROCHESTER REGIONAL HEALTH**, my former educators and employers, and RBA Staffing, and to assure that they are free to disclose information and opinions about me.

I intend that a copy of this Release be as valid as the original.

Applicant Name PRINTED

Applicant Signature

Social Security Number

Date

This page only for minors (under 18 years of age)



PARENTAL/GUARDIAN CONSENT AGREEMENT AND CONTRACT

Your son/daughter has expressed an interest in becoming a Volunteer with the Rochester Regional Health. Acquiring parental/guardian agreement and support during the early stages of application, interview, and consideration for the Volunteer program is essential. Therefore, please review the following program requirements to which you agree:

1. Your son/daughter is or will be at least 14 years of age and will have completed the 8th grade by the time he/she begins the Student Volunteer Program.
2. Your son/daughter volunteers with your approval and support.
3. There is no monetary compensation for volunteering one's time.
4. You are aware that your son's/daughter's volunteer activities may include contact with people who are ill.
5. Both you and your daughter/son realize that volunteering is his/her responsibility and should be taken very seriously. He/she agrees to attend his/her agreed-upon volunteer shift in the volunteer position that she/he is assigned. He/she must follow all rules and regulations established and have regular in attendance.
6. Your daughter/son is not to be at his/her volunteer placement site/location on any other days or times than those assigned except when coming to receive care him/herself or to visit a family member, friend, etc. who is a patient.
7. Your son/daughter is at the site/location of his/her volunteer role for the duration of his/her scheduled shift and shall not leave the campus during his/her assignment. Excessive socializing on the premises may result in dismissal from volunteer services.
8. It is the duty of the parent/guardian to assume overall coordination for transportation to and from your son's/daughter's volunteer placement site/location.
9. Business casual dress and a volunteer Uniform and ID Badge are required and must be worn at all times. Business casual dress does not include clothing such as jeans, shorts, capris, leggings, micro-short skirts, denim, sweat/track pants, sandals, flip-flops, hats/caps/hoods, excessive jewelry and tight provocative clothing. Failure to abide by the dress code exempts the Volunteer from volunteering until proper dress has been attained.
10. A \$15 refundable deposit is given when your daughter/son obtains the volunteer Uniform jacket prior to her/his volunteer start date.
11. Both the volunteer Uniform jacket and photo ID Badge must be returned at the end of the volunteer experience in order to receive the \$15.00 deposit, which will be mailed to the mailing address on file with the Volunteer Office.
12. It is the responsibility of the Volunteer to keep his/her uniform neat and clean.
13. For the purposes of professionalism in public areas of the hospital, the use of cell phones, laptops, and other similar electronics are prohibited but may be used in private offices, break rooms, and similar.
14. The Department of Volunteer Services with Rochester General Hospital reserves the right to dismiss your son's/daughter's services if the action is in the interest of the Rochester Regional Health. Dismissal could result from failure to comply with hospital rules and regulations, absenteeism, and/or failure to observe the dress code or other Rochester Regional Health Values.

As the parent/guardian of _____, I understand, have no questions or need of clarifications, and agree to support my son/daughter with the above Student Volunteer Program requirements.

Parent/Guardian Signature _____ Date _____

Student Volunteer Signature _____ Date _____

LETTER OF REFERENCE FORM

(To Be Completed by a School Employee*)

(Name) _____ has applied for the Rochester Regional Health Student Volunteer Program. To get to know the applicant better and make an informed decision about the applicant's ability to volunteer, please complete the following letter of reference as soon as possible and return to the applying student.

Your Name: _____

Address: _____
(Street) (City) (Zip Code)

How long have you personally known the applicant: _____

How well do you know the applicant? ___ Very Well ___ Well ___ Casually ___ Other

Please check the following:

<u>Qualities/Characteristics</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Attendance/Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (use reverse side if needed)

Signature of Reference: _____ Date _____

Print Name of Reference: _____

Title: _____ School _____

* School Employee refers to any paid teacher/professor, coach, career counselor, school counselor, etc.

This form may be faxed to "Volunteer Office" at Rochester General Hospital.
Fax#: 585-922-2095

LETTER OF REFERENCE FORM
(To Be Completed by a School Employee*)

(Name) _____ has applied for the Rochester Regional Health Student Volunteer Program. To get to know the applicant better and make an informed decision about the applicant's ability to volunteer, please complete the following letter of reference as soon as possible and return to the applying student.

Your Name: _____

Address: _____
(Street) (City) (Zip Code)

How long have you personally known the applicant: _____

How well do you know the applicant? ___ Very Well ___ Well ___ Casually ___ Other

Please check the following:

<u>Qualities/Characteristics</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Attendance/Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (use reverse side if needed)

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DOCUMENTATION OF GPA

(To Be Completed by the School Counselor, Career Advisor, Registrar)

Dear School Counselor, Career Advisor, or Registrar,

(Name) _____ has applied for the Rochester Regional Health Student Volunteer program. A core requirement for students to participate in our Student Volunteer program is a cumulative "B" (82%) GPA or higher.

Please complete the following information as soon as possible and return to the applying student.

Your Name: _____

Your Title/Position: _____

School: _____ Daytime Phone: (_____) _____

I hereby verify that the above-mentioned student's cumulative GPA is _____.

Signature of School Counselor/Advisor/Registrar: _____

Date: _____

Thank you for assisting this student in his/her process of being considered for placement with the Rochester Regional Health Volunteer Program. If you have any questions, please contact the Volunteer Office at 585-922-3725.

This form may be faxed to "Volunteer Office" at Rochester General Hospital.
Fax#: 585-922-2095