Dear Volunteer Applicant,

Thank you for your interest in the Volunteer Program of Good Shepherd Health Care System. Volunteerism is an important asset to GSHCS. You are joining a group of dedicated community members who foster a sense of pride and commitment to our community.

There is a wide variety of volunteer opportunities at GSHCS. Among those are:

- **Good Shepherd Medical Center Auxiliary**
  - Greeter/clerical at Day Surgery
  - Education/Wellness Department (has a wide variety of projects)
  - Gift Shop, Thrift Shop, and other fundraisers
  - Clerical assistance in various departments
  - Hospital tours for Head Start, Pre-school, Kindergarten, and elementary aged children.

- **CareVan (Medical Transportation Program)**
  - Drivers (transport individuals from home to GSHCS affiliated medical appointments)
  - Dispatchers/schedulers

- **Vange John Memorial Hospice**
  - Provide respite, visit, do errands for our hospice clients and their caregiver
  - Clerical assistance at the hospice office
  - Facilitate or assist with bereavement groups and projects
  - Fundraisers

- **Jr. Volunteer Program (sponsored by the Auxiliary)**
  - Assist with community events
  - Clerical assistance for various departments
  - Miscellaneous opportunities as they arise

Attached are forms to be completed to begin the volunteer process. Once completed, you may return them to the Volunteer Services Department or drop them off at the Gift Shop. After the forms are received, reviewed, and approved, you will be contacted for orientation.

Please contact me with any questions or concerns you may have. Thank you for sharing your time and talents as a volunteer at Good Shepherd Health Care System.

With Appreciation,

*Cindy Schaan*
Director of Volunteer Services
Community Liaison for VJM Hospice
Care Van Supervisor
541-667-3690 eschaan@gshealth.org
DISCLOSURE TO APPLICANT REGARDING PROCUREMENT OF AN INVESTIGATIVE CONSUMER REPORT

In connection with your application to volunteer, Good Shepherd Health Care System will be procuring a criminal record’s check. Consistent with applying to volunteer, Good Shepherd may also obtain information concerning your employment history, driving record, education, and credentials.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. A summary of your rights under the Fair Credit Reporting Act is attached to this disclosure.

By signing below, you acknowledge that you have received a copy of this document and the document entitled “A Summary of Your Rights Under the Fair Credit Reporting Act” and you authorize Good Shepherd Health Care System to obtain a criminal records check, and if consistent with applying to volunteer, an employment history, driving record, education, and credentials check.

Applicant’s Name: ___________________________________________

Other Name(s) Used: _________________________________________

Applicant’s Address: _________________________________________

City/State/Zip: ______________________________________________

Other States Lived in (last 10 years): _____________________________

Date of Birth: _______________________________________________

Social Security Number: _______________________________________

Driver’s License No. and State: _________________________________

Signature: __________________________________________________

Date: ______________________________________________________
Good Shepherd Health Care System  
610 NW 11th St., Hermiston, Oregon 97838  
541-667-3690

Volunteer Driver Application

Name_________________________________________________________Phone______________________________

Address______________________________________________________________________________________

Birthdate_________________________Social Security #________________________

In Emergency Notify_____________________________________________Phone__________________________

Driver License Number_________________________State________Expires________

How many years have you been driving: Cars________Trucks/Vans________Other________

Do you have any physical/vision/hearing conditions that prohibit you from participating in certain types of service?

If yes, conditions:_______________________________________________________________________

Foreign Language(s) spoken (indicate fluency)_______________________________________________________________________

Please check the day(s) and hours available to volunteer:

<table>
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<tr>
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<th>8:30 a.m. to 12:30 p.m.</th>
<th>12:30 p.m. to 4:30 p.m.</th>
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INSURANCE INFORMATION

Auto Insurance Co. _________________________________________________________________

Policy #_________________________________________Renewal Date_____________________

Agent Name____________________________________Phone__________________________

Agent Address______________________________________________

Have you ever been convicted of a crime?________Yes _______No__________

Remarks_______________________________________________________________________

Has your license ever been suspended or revoked?________If yes, please explain circumstances ____________________________

Have you been found guilty of or pleaded guilty to any moving or traffic violations in the past 5 years?

If yes, please explain circumstances ____________________________________________
Have you been found at fault in any motor vehicle accident in the past 2 years? ______________________
If yes, please explain circumstances ______________________

Have you been found guilty of driving under the influence of intoxicants or drugs? ______________________
If yes, please explain circumstances ______________________

REFERENCES: Persons other than family members who can comment knowledgeably about your abilities
and accomplishments related to volunteer service.

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<tr>
<th>Name</th>
<th>Relationship</th>
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<th>Telephone Number</th>
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CONFIDENTIALITY STATEMENT

I understand that while volunteering I may have access to information which is privileged and confidential. This may be patient specific, practitioner specific or organizational specific information. I agree to handle this information according to the policy. This information may be in paper form or available on the computer. I agree to release the information only to those who have a ‘need to know’ for continuation of care, Performance Improvement, or billing purposes. This would include checking information related to an acquaintance for whom I am not providing care or service. I understand that violation of this trust will result in progressive discipline and even termination.

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I authorize Good Shepherd Health Care System to make any necessary and appropriate investigations to verify the information herein.

Applicant's Signature__________________________________________
Date__________________________________________

OFFICE USE ONLY

____ Interviewed  Training:________________________
____ Record & License Ck  Placement:________________________
____ TB Test
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Applicant’s Name:__________________________________________________________

Other Name(s) Used:_______________________________________________________

Applicant’s Address:_______________________________________________________

City/State/Zip:___________________________________________________________

Other States Lived in (last 10 years):________________________________________

Date of Birth:____________________________________________________________

Social Security Number:___________________________________________________

Driver’s License No. and State:____________________________________________

Signature:________________________________________________________________

Date:__________________________
Good Shepherd Health Care System

Volunteer Application Form – Auxiliary and/or CareVan

Name ___________________________ Birthday (month/day only) ____________

Address ______________________________________________________________

Home phone: ___________________________ Cell phone _______________________

E-mail: _______________________________ Social Security Number ____________

Employed _____ Retired _____ Name of Employer __________________________

Business Address ___________________________________ Telephone ______

In Case of Emergency, notify ___________________________ Phone __________

How did you become interested in our volunteer program? ______________________

References: ______________________________________________________________

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<tr>
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Have you ever been convicted of a crime? _____ If yes, explain when, where, and disposition of case ________________________________

Do you give permission to:

Print name, address, phone, birth date (in handbooks, listings, etc.)? Yes _____ No _____

Have photo in newspaper/newsletters/etc. Yes _____ No _____

Which area(s) of the Auxiliary interest you?

_____ Gift Shop – morning, afternoon, evening (please circle best time)

_____ Thrift Shop – morning, afternoon, evening (please circle best time)

_____ Day Surgery – morning, afternoon, evening (please circle best time)

_____ Receptionist – morning, afternoon, evening (please circle best time)

_____ Telephoning

_____ Fundraisers

_____ Publicity

_____ Tours

_____ Crafts/Quilting/Knitting/Crocheting

_____ Mailings

_____ Copy Machine

_____ Plan/Assist with Social Events

_____ Sit With Hospitalized Children/Adults

_____ Help in Various Departments as needs arise

(continued on back . . . )
Which areas of the CareVan Medical Transportation Program interest you?

_____ Driver

_____ Dispatch/Scheduler

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AUXILIARY MEMBERS ONLY:

What type of Auxiliary membership do you desire:

_____ Active – $10.00 per year (requires 75 hours or more per fiscal year)

_____ Associate - $20.00 per year

_____ Life time - $100.00 (payable in two years)

There is a one-time joining fee of $5.00

Annual dues are payable at the beginning of each fiscal year (July)

Signature ___________________________ Date __________

(Your signature indicates your approval for us to check references.
The Volunteer Services Department is not obligated to provide a placement,
nor are you obligated to accept the position offered.)

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex

Treasurer’s Receipt Given ______________________________

Sponsor’s Name __________________________________________
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:

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<tr>
<th>TYPE OF BUSINESS</th>
<th>CONTACT</th>
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<tbody>
<tr>
<td>Consumer reporting agencies, creditors and others not listed below</td>
<td>Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357</td>
</tr>
<tr>
<td>National banks, federal branches/agencies of foreign banks (word &quot;National&quot; or initiates &quot;N.A.&quot; appear in or after bank's name)</td>
<td>Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-813-6743</td>
</tr>
<tr>
<td>Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)</td>
<td>Federal Reserve Board Division of Consumer &amp; Community Affairs Washington, DC 20551 202-452-3693</td>
</tr>
<tr>
<td>Savings associations and federally chartered savings banks (word &quot;Federal&quot; or initiates &quot;F.S.B.&quot; appear in federal institution's name)</td>
<td>Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6629</td>
</tr>
<tr>
<td>Federal credit unions (words &quot;Federal Credit Union&quot; appear in institution's name)</td>
<td>National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600</td>
</tr>
<tr>
<td>State-chartered banks that are not members of the Federal Reserve System</td>
<td>Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342</td>
</tr>
<tr>
<td>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</td>
<td>Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306</td>
</tr>
<tr>
<td>Activities subject to the Packers and Stockyards Act, 1921</td>
<td>Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051</td>
</tr>
</tbody>
</table>

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.