

Volunteer Agreement and Certification of Information

Believing that Children's Hospital Los Angeles has need of my services as a volunteer, I agree:

To hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, parents, doctors, or personnel, and will not seek confidential information in regard to a patient.

To commit to 100 hours to be done in no less than six consecutive months of service on the same day and time each week.

That my services are donated to Children's Hospital Los Angeles without contemplation of compensation, or future employment, and given with humanitarian or charitable reasons.

I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize Children's Hospital Los Angeles to investigate and/ or verify the foregoing information and any other information, which might assist them in determining my qualifications for volunteering. I release Children's Hospital Los Angeles and my former employers, and all others from any liability from damage, which may result from such investigation, if, upon investigation, anything contained in this application is found to be untrue. I further agree to conform to the rules and regulations of this facility. I understand that my volunteer status at Children's Hospital Los Angeles can be terminated at any time for failure to comply with the policies, rules, and regulations of the Hospital including those of the volunteer department; for absences without notification; for reasons of unsatisfactory attitude, work or appearance; and for any other circumstances which, in the judgment of the Hospital, would make my continued service as a volunteer contrary to the best interests of the Hospital. I also understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.

ANY PERSON WHO INTENTIONALLY GIVES MISLEADING OR FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE TERMINATION.

Print Name: _____ Date: _____

Signature: _____

Please return the completed application by email or mail to:

volunteers@chla.usc.edu

or

Children's Hospital Los Angeles
4650 Sunset Blvd MS-64
Los Angeles, CA 90027

(PH: 323-361-2371)

AUTHORIZATION, NOTIFICATION AND RELEASE FORM

In connection with my application for volunteer work with Children's Hospital Los Angeles, (CHLA) I, _____ (volunteer applicants name), understand and am hereby notified and authorize to procure a report for evaluation of me for volunteer work. I understand that these reports may contain information from public records, including written, oral, or other communications bearing on character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for volunteer purposes. I further understand that such inquiries may include, but are not limited to, criminal history, motor vehicle records, DOT verifications, military background, civil listings, education background, and professional background, from any individual, corporation, partnership, law enforcement agency, institution, school, organization, state board, licensing agency, and other entities including present and past employers.

FOR PROCUREMENT OF BACKGROUND REPORT

In connection with my application for volunteer work with Children's Hospital Los Angeles, I further understand and am hereby notified that an investigative report may contain information from public records, including but not limited to, written, oral or other communications bearing on, character, general reputation, personal characteristics, or mode of living which may be obtained through personal interviews with neighbors, friends or associates of me and may or may not be used as a factor for volunteer purposes. I further understand that such inquiries may include, but are not limited to, investigations regarding worker's compensation, harassment, violence, theft, or fraud.

I have received and reviewed a copy of the Summary of Rights under the California Investigative Consumer Reporting Agencies Act. I understand that I have the right to request, in writing, information regarding the nature and scope of any investigative report prepared on me.

I authorize without reservation any party or agency contacted by this employer to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time my application for volunteer work is being considered or throughout the duration of my volunteer work in the event that I am accepted or am a current Company volunteer.

My Social Security Number is _____ My date of birth (DOB) is _____ *

My previous name (if any) is _____

My Driver's License number is _____ and was issued by the state _____

If you have had another Driver's License in the last three years put that number here: _____

My high school, named _____ is located in (City) _____, State _____

Current Address:

Number and Street	City	State	Zip	County	Years
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Previous Addresses within the last seven (7) years: Attach additional pages if necessary

Number and Street	City	State	Zip	County	Years
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Number and Street	City	State	Zip	County	Years
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You have the right to receive a copy of your report free of charge should one be requested for employment purposes. I wish to receive a copy of my report should one be ordered.

Applicant Signature _____ Date _____

I acknowledge that I have voluntarily provided the above information for volunteer purposes, and I have carefully read and understand this authorization.

***The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.**

Private Eyes, Inc 190 North Wiget Lane, Suite 220, Walnut Creek, CA 94598 at (925)927.3333 or (877)292.3331 Fax (877)292.3330

Client Account Number: 916100 – Children's Hospital Los Angeles – Volunteer Resources Dept (Premier Inc Member

California Investigative Consumer Reporting Agencies Act

COMPLETE TEXT OF SECTION OF THE LAW CONTAINING THE REQUIRED NOTICE TO CONSUMERS

The section of the California Civil Code, which are your rights under the Amended Act, are set out below in full.

§ 1786.22.

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
- (1) In person, if he/she appears in person and furnishes proper identification. A copy of his/her file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - (2) By certified mail, if he/she makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailing under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his/her identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him/her pursuant to Section 1786.10
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's files in such person's presence.
- (g) You have the right to know the names of the person and companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.
- (h) The agency must describe these rights to you in English and Spanish.



We Treat Kids Better

Personal Essay:

For Your application to be considered, you must complete a personal essay. The essay must be one full page, double-spaced and written in size 12 Times New Roman Font.

In recognizing your passion for children, please tell us why you should be considered for a volunteer position at Children's Hospital Los Angeles.