

## TidalHealth Adult Volunteer Applicant Checklist

Once you complete the initial Online Application, please send the following items to [volunteers@tidalhealth.org](mailto:volunteers@tidalhealth.org):

1. Complete Volunteer Packet with Background Check
2. Register for MyChart
3. Copy of Front & Back of Social Security Card
4. Copy of Driver's License or Photo ID (front only)
5. Headshot with plain background for badge photo
6. Review Volunteer Handbook [Volunteer Handbook - 3-1-2021](#)
7. Complete Volunteer Self-Test [Volunteer Basic Test](#)
8. Attend Virtual Volunteer Orientation
9. **Once ALL of above steps are completed**, send Immunization Form to [Rachel.Pagliaro@tidalhealth.org](mailto:Rachel.Pagliaro@tidalhealth.org)

Please direct any questions to [volunteers@tidalhealth.org](mailto:volunteers@tidalhealth.org) or call 410-543-7284.

\*\* Note that an up-to-date MMR, Varicella and Flu vaccine are required to volunteer at any of the TidalHealth locations. You are permitted to volunteer without a flu vaccine during the months of June – November.

**TidalHealth # 18253**  
**VOLUNTEER DISCLOSURE**

**APPLICANT'S FULL NAME** \_\_\_\_\_  
Any Other Names Used \_\_\_\_\_  
Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_  
Address on D.L.: \_\_\_\_\_

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

In connection with your relationship with TidalHealth, we may procure consumer reports about you for employment purposes.

**TidalHealth # 18253**  
**VOLUNTEER AUTHORIZATION**

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports," including criminal background checks, by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of , and/or itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes  No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB \_\_\_\_\_ Last four digits of SSN \_\_\_\_\_

[www.PreCheck.com](http://www.PreCheck.com) [info@precheck.com](mailto:info@precheck.com)  
ph: 800-999-9861 fax: (800) 207-2778

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.*

## **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 FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **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 identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

**CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**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. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Division Regional Office</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Institutions that are members of the Farm Credit System</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>

**TidalHealth # 18253**  
**VOLUNTEER INFORMATION**

**APPLICANT'S FULL NAME** \_\_\_\_\_  
 Any Other Names Used \_\_\_\_\_  
 Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_  
 Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)  
 Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_  
 Address on D.L.: \_\_\_\_\_

Name of High School, College, University or Institution of Professional Training where you completed the highest level  
 (  GED – provide state) \_\_\_\_\_  
 Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_  
 Name on GED or under which you graduated \_\_\_\_\_  
 Year(s) Attended \_\_\_\_\_ Year Graduated/GED Completed \_\_\_\_\_

Please provide any current professional licenses, certifications, or registries you may hold:  
 Name as it appears on license/Certification/Registry \_\_\_\_\_  
 Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_  
 Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

**You MUST read this section carefully before answering the question below.**

- Do not report a record of any arrest, detention, diversion, supervision, adjudication or court disposition that was subject to the process and jurisdiction of a juvenile court.
- Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, dismissed, dismissed under a first offender's law, pardoned by the Governor or which state law allows you to lawfully deny as set forth below.
- You MUST review the state law information before answering.
- You are not required to disclose violations, infractions, petty misdemeanors (MN) or summary offenses (PA).
- By selecting either "Yes" or "No" below, you are stating that you have read the applicable state notices provided above and that you provide a true and accurate statement below.
- A conviction will not necessarily be a bar to employment. This information will only be used for job-related purposes consistent with applicable law and in determining whether the conviction is related to the job for which you are applying.
- If you answer "Yes" below, provide city, county, and state where offense occurred, conviction date and nature of the offense, along with sentencing information.

**QUESTION:** Have you ever been convicted of, plead guilty, no contest, or nolo contendere to a misdemeanor or felony? Yes  No  (Please attach a separate sheet of paper to provide additional entries.)

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_  
 Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.  
 (Please attach a separate sheet of paper to provide additional entries)

1. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date From: \_\_\_\_\_  
Date To: \_\_\_\_\_
2. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date From: \_\_\_\_\_  
Date To: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date From: \_\_\_\_\_  
Date To: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date From: \_\_\_\_\_  
Date To: \_\_\_\_\_

**STATE LAW NOTICES**

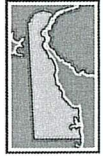
California applicants or employees only: Please mark this field  to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California applicants or employees only: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.



DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM

Web Portal



Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last\*, First\*, Middle):

Other Name(s) used/Alias:

Social Security #:

Date of Birth (mm/dd/yyyy)\*:

Gender\*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? Yes  No

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester(s) with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature:

Date:

Parent/Guardian Signature (If applicant is under the age of 18):

PART II - REQUESTER INFORMATION

Check one option below and complete required information\*:

- 1.  Agency Request – Agency Name\*: TidalHealth
2.  Individual Request – Self
3.  Individual Request – Share Results with Requesting Agency

Requesting Agency 1 – Agency Name\*:
Requesting Agency 2 – Agency Name\*:
Requesting Agency 3 – Agency Name\*:
Requesting Agency 4 – Agency Name\*:
Requesting Agency 5 – Agency Name\*:

\* Mandatory (Agency Name is Mandatory.)

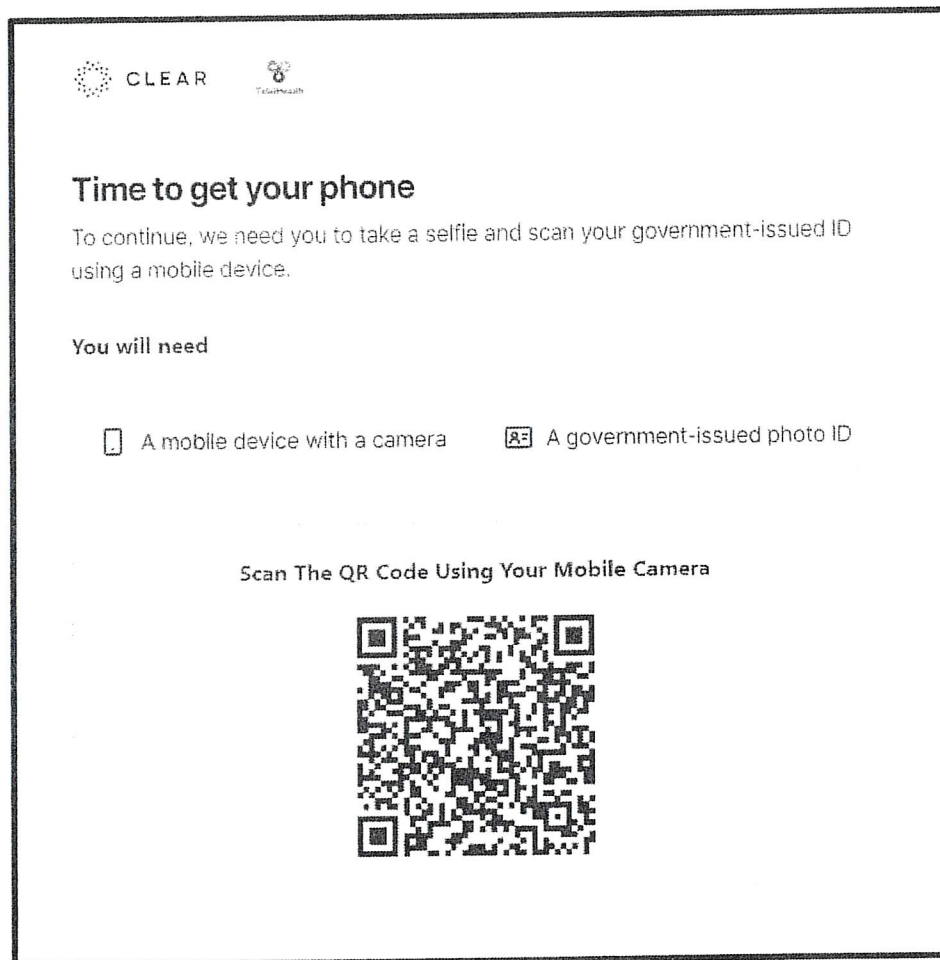
## TidalHealth Volunteers

### Onboarding Employee Health testing for Volunteers

1. you will need to have a **TidalHealth MyChart** patient record to securely communicate with Employee Health once you have completed orientation

*Ages 14-17 will need to reach out to our MyChart Support line at 410-543-7450 for assistance as you will need to have a dual proxy consent on file. The consent can be found using this link - [MyChart | TidalHealth](#) and must be submitted to TidalHealth's Medical Records department for complete access to a MyChart account.*

Ages 18+ can continue with this link to activate a MyChart account using your mobile device (phone or tablet)



2. After background checks and volunteer orientation have been completed, you will receive instructions on how to schedule your appointment with Employee Health, which will include the following required tests and immunizations:

- Drug Screening
- QuantiFERON Gold TB test
- MMR (measles, mumps, rubella)
- Varicella (Chicken Pox)
- Flu Shot (Nov – May)

**TidalHealth Volunteers  
Confidentiality of Information Statement**

Name: \_\_\_\_\_ Service Area: Volunteer

As a volunteer, I may have access to confidential information. This information may pertain to patients. It may also pertain to physicians or other staff members. Additionally it may pertain to the hospital, providers or other corporate entities. This information may come in the form of personnel information, medical record data, lab results, etc. I fully understand that I have all the responsibilities listed below.

I am responsible for maintaining the confidentiality of this information. TidalHealth will govern the policies and standards of confidentiality. It will also govern policies on release of information. These policies will detail to whom I may legally disclose information. The policies will also govern under what circumstances I may disclose this information. I will abide by them at all times.

I may obtain access codes to TidalHealth computer systems. I will safeguard the security codes given to me. I will not disclose my security codes to anyone for any reason. This includes my family and friends. It also includes fellow workers, supervisors, and subordinates. I may be required to reveal my security codes to the Information Security Officer. This is the only exception.

I will only use my access security codes to perform my duties. I will not use anyone else's codes to obtain access to any computer system. I will be accountable for all work performed under my security codes. I will also be accountable for changes made to the system or databases under my security codes. I will not allow anyone else access to the computer using my security codes.

TidalHealth reserves the right to monitor or intercept an individual's correspondence, including but not limited to telephone conversations or transmissions, electronic mail or transmissions, and internet access and usage.

Any unauthorized disclosure of information is grounds for immediate termination from TidalHealth. It may also result in legal action. My signature indicates I am aware and do understand this.

\_\_\_\_\_  
Volunteer Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
TidalHealth Representative Signature \_\_\_\_\_  
Date

## TidalHealth Volunteers Informed Volunteer Consent to Photograph & Record

Photographs, video, film, and audio play an important role in TidalHealth's ability to share its story and provide education to its patients, staff and community. This document provides TidalHealth informed consent to use photographs and other recordings completed while volunteering with TidalHealth for the purpose of marketing, advertising, press, public relations, event promotion or educational purposes.

If at any time, now or in the future, you wish to withdraw this consent, you have the right to do so. Choosing not to participate with photographs or recordings will not affect your ability to volunteer with TidalHealth in any way. This consent has no term limit and remains in effect unless rescinded by the volunteer in writing. To rescind consent, submit your request in writing to: **TidalHealth, c/o Strategic Communications, 100 E. Carroll St., Salisbury, MD 21801**

### Consent Type: Open Publication

I understand that images, videography, film or audio captured by TidalHealth during my time as a volunteer may be used at any time for any of the following purposes:

- Publicly accessible and shareable online platforms including websites, online news channels, email distributions or other social media channels.
- Publication in or by a newspaper, news journal or educational books or journals.
- Marketing and educational publications and materials including as part of a display, brochure, leaflet, or other collateral material produced by or for TidalHealth.
- Other Strategic Communications purposes.

Recordings involving any volunteers will be transparent and performed only with advance notice to the volunteer. This consent has no expiration unless a formal request to rescind consent is received in writing.

Name of volunteer giving consent (*print*): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of volunteer giving consent: \_\_\_\_\_

**NOTE: This section below must be filled out by parent/legal guardian if the above individual is under 18.**

Name of person giving consent (*print*) \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to individual (*circle one*)    Parent     Legal Guardian

Signature of person giving consent : \_\_\_\_\_

TidalHealth Representative: \_\_\_\_\_ *Kelly Novak* \_\_\_\_\_

Date: \_\_\_\_\_ Notes: \_\_\_\_\_ *TidalHealth Volunteers* \_\_\_\_\_