



Dear Prospective College Student Volunteer:

Thank you for your interest in the Volunteer programs at St. Joseph's/Candler Health System.

To ensure proper support for our programs, we are looking for individuals who can make a **minimum commitment of at least 50 hours** (example: 4+ hours per week for 12 weeks).

If you can commit to the time requirement, please complete the enclosed application and return it to us in the enclosed postage paid envelope or to our office with the following:

1. A letter of recommendation from one of your college professors,
2. Criminal background check that has been conducted in the last 30 days (can be obtained from the Chatham County Sheriff's Department – Form to complete is attached)
3. Copy of your Immunization Records to show two Measles Mumps and Rubella immunizations.

Once we receive your completed application packet, we will review your availability with our current openings and call to schedule a personal interview as openings occur.

After your personal interview, we will give you an appointment with the Occupational Health Department for a PPD skin test for Tuberculosis.

Packets must be received complete with Application, Immunization Records, Letter of Recommendation, and Criminal History before an interview will be scheduled.

Please keep in mind that this process can take some time to complete. If you need hours immediately, you may want to contact a different facility for volunteer hours.

Thank you for your interest in St. Joseph's/Candler and our Volunteer Program. We look forward to meeting with you as you pursue a successful volunteer career.

Sincerely,

Holly M. Weiss
Director, Volunteer Services

St. Joseph's Hospital	Candler Hospital
11705 Mercy Boulevard	5353 Reynolds Street
Savannah, Georgia 31419	Savannah, Georgia 31405
(912) 819-4100	(912) 819-6000

1804 Candler Hospital • 1832 Georgia Infirmary • 1875 St. Joseph's Hospital • 1886 Mary Telfair Hospital for Women

St. Joseph's/Candler is the recipient of the National Magnet Award for Nursing Excellence.
www.sjchs.org

This company is an equal opportunity employer and does not discriminate on the basis of race, creed, color, age, sex, disability or national origin.

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP CODE

DATE OF BIRTH TELEPHONE NUMBERS

EMAIL ADDRESS: _____

SCHOOL ATTENDING: _____

WHAT DEGREE ARE YOU PURSUING? _____

MARITAL STATUS: _____ MARRIED _____ SINGLE _____ WIDOWED

SPOUSE FIRST NAME: _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

NAME: _____ TELEPHONE: _____

HAVE YOU EVER WORKED FOR ST. JOSEPH'S/CANDLER HEALTH SYSTEM? _____

IF YES, WHERE? _____ POSITION: _____

PREVIOUS EXPERIENCE

EDUCATION/SPECIAL TRAINING:

VOLUNTEER EXPERIENCE:

LOCATION
PREFERRED: _____ ST. JOSEPH'S HOSPITAL - 11705 Mercy Boulevard
_____ CANDLER HOSPITAL - 5353 Reynolds Street
_____ OTHER: _____

Please continue on reverse

IN WHAT AREA OF THE HOSPITAL ARE YOU INTERESTED IN VOLUNTEERING?

WHY DO YOU WANT TO VOLUNTEER?

PLEASE CIRCLE DAYS YOU ARE AVAILABLE: SUN MON TUE WED THU FRI SAT

PLEASE CIRCLE HOURS PREFERRED: 6AM-9AM 9AM-1PM 1PM-5PM 5PM-9PM

REFERENCES

LIST NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR- PROFESSIONALLY OR PERSONALLY

NAME	ADDRESS	Circle One
		personal professional
		personal professional
		personal professional

The information I have given in this application is true and correct to the best of my knowledge and is subject to validation by St. Joseph's/Candler Health System. I understand and agree to the fact that this agreement is for participation with St. Joseph's/Candler Health System as a Volunteer and that I will not be compensated for my time now or in the future.

Signature: _____ Date: _____

Office use only:

DATE VOLUNTEERING BEGAN: _____

ASSIGNMENT: _____ DAY: _____ HOURS: _____

ASSIGNMENT: _____ DAY: _____ HOURS: _____

Procedures for a Criminal History/Background Check

Georgia Crime Information Center (GCIC)

Chatham County Sheriff's Office
Criminal History/Fingerprint Unit
P.O. Box 10026
Savannah, Ga 31412
912-652-7657
912-652-7658
912-651-3791 (fax)

GCIC Report (name search background check)

Complete the CHRI Release/Waiver, which can be obtained at the Chatham County Sheriff's Office Criminal History/Fingerprint Unit. **This release/waiver must be signed by the subject.** *"Providing your social security number is **OPTIONAL**. However, failure to provide your social security number might delay the processing of your criminal background check. Should you provide your social security number, it will be submitted to federal and state agencies for purposes of confirming your identity and obtaining any relevant criminal history."*

Return the request form and a processing fee of \$15.00 to the Chatham County Sheriff's Office at the above address or the waiver may be presented in person to the cashier's window at the Chatham County Sheriff's Complex (cash only). **The cashier is open 24 hours. Note: If you are mailing the release/waiver, the processing fee must be in the form of a cashier's check or money order and a copy of the subject's I.D. must be attached to the release/waiver.** **PLEASE DO NOT MAIL CASH! Personal checks and credit/debit cards cannot be accepted in any case.**

The processing of the criminal history/background check will take 3-5 business days. The request form will be completed by a Sheriff's Department Supervisor. In the case of a no record response, a copy of the request form marked "**No Record**" will be released to the subject or to the person identified in the "Release To" section on the waiver. Also, in the case of a "**No Record**" response, a printout may or may not accompany the response due to confidential information on other individuals that may be returned. If a "**record**" is found, a printed record will be attached to the request form and the form so marked.

Chatham County Sheriff's Office
Criminal History/Fingerprint Unit
1050 Carl Griffin Drive
Savannah, Ga 31405



Chatham County Sheriff's Department

CHRI Release/Waiver

By my signature below, I hereby request, authorize and direct Sheriff Al St. Lawrence or his appointed designee and the Chatham County Sheriff's Department to perform a Georgia background investigation which includes, but may not be limited to an electronic background search of G.C.I.C. and local records. The purpose of this background search or investigation is to ascertain and determine if any criminal history records exist or closely resemble the identifying information, which I am providing herein. I understand that failure to provide accurate or complete information will result in a negative search effort, or improper records being accessed.

Furthermore, I authorize and direct that any information or records which are produced or discovered as a result of this background investigation are to be released and transmitted to the persons identified below for whatever purpose they require. I am fully aware that the information or records produced as a result of this inquiry **contain confidential and privileged information which would not otherwise be released without my consent, request or authorization.** I hereby specifically waive any privilege or confidentiality existing under state or federal law regarding access or release of such information including but not limited to protection afforded under OCGA 50-18-72 and OCGA 15-18-52.

In making this release authorization, I agree TO HOLD HARMLESS, SHERIFF AL ST. LAWRENCE, AND ALL EMPLOYEES OF THE CHATHAM COUNTY SHERIFF'S DEPARTMENT, AND CHATHAM COUNTY GOVERNMENT, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION.

PLEASE PRINT CLEARLY

SUBJECT INFORMATION

Last Name		First	Middle	Maiden	
Address		City	State	Zip	Phone#
Race: _____	Sex: _____	Birth Date: ____/____/____		Eyes: _____	Hair: _____
SSN: _____ (OPTIONAL)		Height: _____	Weight: _____	State/Place of Birth: _____	
<input type="checkbox"/> WILL PICK UP			<input type="checkbox"/> PLEASE MAIL		

RELEASE TO: (COMPLETE THIS SECTION IF YOU WANT YOUR BACKGROUND TO BE RELEASED OR MAILED TO SOMEONE OTHER THAN YOURSELF)

NAME: _____ COMPANY: _____

MAILING ADDRESS: _____

SPECIAL EMPLOYMENT PROVISIONS (CHECK IF APPLICABLE)

- ☐ EMPLOYMENT/VOLUNTEER WITH CHILDREN (W) ☐ EMPLOYMENT/VOLUNTEER WITH ELDER CARE (N)
- ☐ EMPLOYMENT/VOLUNTEER WITH MENTALLY DISABLED (M)

BACKGROUND PURPOSES

- ☐ ADOPTION (E) ☐ FOSTER CARE (W)
- ☐ PERSONAL RECORD INSPECTION ☐ OTHER _____

AUTHORIZATION

Prior to signing this request authorization, I have fully read and understand the provision of this writing. My request is freely made without fear of punishment or promise of reward, and with full and complete understanding of the consequences of my action.

Legal Signature _____ Date ____/____/____ Witness _____

CCSO DEPARTMENT RESPONSE

- ☐ No GCIC Record ☐ No Local Record
- ☐ Records Found, Attached ☐ Fingerprints needed for positive Identification

Chatham County Sheriff Department Official _____ Date ____/____/20____