

Proctor Hospital Medical Escort Application

Name _____

Address _____

City _____ Zip Code _____

Date of Birth: _____ Phone: _____ Jacket Size: _____

What days and times are you available (please circle)?

*If available either time on a certain day or would like to do full days, please indicate

Monday	Tuesday	Wednesday	Thursday	Friday
AM 8:15-12:15 PM 12:15-4:15	AM 8:15-12:15 PM 12:15-4:15	AM 8:15-12:15 PM 12:15-4:15	AM 8:15-12:15 PM 12:15-4:15	AM 8:15-12:15 PM 12:15-4:15

Times when I am unavailable (holidays, winter months, etc) _____

Current Occupation or Occupation Prior to Retirement _____

Do you have transportation? ____ Yes ____ No

Previous experience as a volunteer? ____ Yes ____ No

If Yes, please explain _____

Community Affiliations (Church, Clubs, etc.) _____

Health Problems? ____ Yes ____ No Problems Walking? ____ Yes ____ No

Do you have any physical limitations that would prevent you from working for 4 hours or pushing a wheelchair throughout the hospital? ____ Yes ____ No If Yes, please explain _____

References

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In case of Emergency, please contact:

Name _____ Relationship _____

Phone Number(s) _____

Signature _____ Date _____

Return application to : Anne Lockhart, Proctor Hospital, 5409 N. Knoxville, Peoria, IL 61614 Phone: (309) 691-1057

Mandatory Criminal Background Check

Proctor Hospital is required to submit a criminal record check for volunteers that will be responsible for direct patient care or could have interactions with patients. This requirement is mandated through the Illinois Health Care Worker Background Check Act.

If the conviction is determined to be legitimate you may not be considered for volunteering with Proctor Health Care Incorporated. If the conviction information is incorrect or if there are mitigating circumstances, including, but not limited to, the following: age at which the crime was committed, circumstances surrounding the crime, length of time since conviction, criminal and work record, and any character references and other relevant information, you have the right to request a waiver within 30 days from notification of the determination.

I HAVE READ AND UNDERSTAND THE CRIMINAL RECORD BACKGROUND SEARCH INFORMATION. I AGREE TO THE SAME AS A CONDITION OF BEING CONSIDERED FOR VOLUNTEERING AT PROCTOR HOSPITAL.

Date: _____ Applicant: _____

INFORMATION NEEDED TO COMPLETE BACKGROUND CHECK

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth: _____

Sex: F _____ M _____

Ethnic Group: _____ Yes _____ No (See Below)

Race: _____ Please place the Race Letter here. (See Below)

Social Security Number: _____

Ethnic Group:

Y-Hispanic or Latino-A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

N-Not Hispanic or Latino

Race:

W White-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

B Black or African American-A person having origins in any of the Black racial groups of Africa.

P Native Hawaiian or Other Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

A Asian-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

I American Indian or Alaskan Native—A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

O Two or More Races-All persons who identify with more than one of the above five races.