



## **GUIDELINES FOR ADULT VOLUNTEER DRIVERS**

This Volunteer Program of MedStar St. Mary's Hospital is designed to provide transportation for paid staff in winter inclement weather or during a Code Brown situation.

### Requirements and General Guidelines:

1. This program is open to all persons 18 years of age or older who have access to a four-wheel drive vehicle, possess a valid driver's license, and have up to date insurance coverage on the vehicle.
2. All applicants for the Volunteer Program are required to complete the application. Once you have completed the application, please mail or deliver it to:

Volunteer Office  
MedStar St. Mary's Hospital  
25500 Point Lookout Road  
P.O. Box 527  
Leonardtown, MD 20650

3. All volunteer drivers are required to be interviewed.
4. Background checks will be performed on drivers.
5. A Hospital identification badge, issued by the Hospital, will be provided to drivers during a Code Brown event. This badge must be worn at all times when transportation services are being provided.

### Benefits Provided:

1. Volunteers are welcome to attend any employee social function or training workshop.
2. Flu shots are offered annually to all volunteers free of charge.
3. All volunteers receive free parking.
4. Volunteer drivers are eligible for Free Meals in the Hospital cafeteria.  
*(See Volunteer Free Meal Policy.)*

# Four Wheel Drive Volunteer Intake Form

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State/Zip Code

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell telephone number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**ATTACH A PHOTOCOPY OF DRIVER'S LICENSE,  
CURRENT REGISTRATION AND INSURANCE**

*Please provide this information for any vehicle that you may driver during a Code Brown.*

1) Color/Make/Model of Vehicle: \_\_\_\_\_

Number of Passengers that can wear seatbelts: \_\_\_\_\_

2) Color/Make/Model of Vehicle: \_\_\_\_\_

Number of Passengers that can wear seatbelts: \_\_\_\_\_

Geographic Area that can be served: \_\_\_\_\_

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**VOLUNTEER OFFICE**  
**P.O. Box 527**  
**Leonardtown, MD 20650**  
**301-475-6453**

**ADULT VOLUNTEER DRIVER APPLICATION**

TO THE APPLICANT: Answers to all questions must be fully completed before this application will be considered. Please print legibly.

**PERSONAL DATA**

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Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State/Zip Code

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell telephone number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License State & Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please check the applicable response below:**  
 **I do    I do not have a GPS in my vehicle.**

Have you ever been employed or volunteered at this Hospital?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, under what names and date: \_\_\_\_\_

Identify any relative(s) presently employed at MedStar St. Mary's Hospital:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

On what date can you begin? \_\_\_\_\_

If asked to drive during inclement weather (Code Brown), please estimate how quickly you could respond to a call:

Immediately       30 – 60 minutes       1-2 hours       over 2 hours

Can you perform the functions of a volunteer without accommodations? Yes \_\_\_ No \_\_\_  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**In case of emergency, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

List any allergies you have to drugs, foods, or environmental agents (i.e., pollen, dust, mold, chemicals, etc.). Describe reactions you have had to substances you are allergic to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the medications and prescriptions you take on a routine basis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other previous volunteer experience(s), skills, training, education, and hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experience have you had driving for other Hospitals or organizations?

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you ever been convicted of a criminal or civil offense other than a minor traffic violation?  Yes  No
2. Have you ever been fined for a criminal or civil offense other than a minor traffic violation?  Yes  No
3. Have you ever had a DWI or DUI charge?  Yes  No

If you answered Yes to any of the three questions above, describe when the conviction, fine, or charge occurred; the facts and circumstances; and any facts pertaining to rehabilitation, if applicable. Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar you from serving as a volunteer.

When: \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

When: \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Identify all states for which you have had a driver's license during the past five calendar years:

\_\_\_\_\_

**Attach a copy of the following items to this application:**

1. Valid driver's license
2. Current automobile insurance identification card \*
3. Vehicle registration\*

*\*(For all vehicles that you might drive during a Code Brown)*

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*MedStar St. Mary's Hospital has strict hygienic and confidentiality standards that must be met by all volunteers. These standards are defined in more detail in the Volunteer Handbook which each volunteer receives as part of the orientation package.*

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## CODE BROWN SEVERE WEATHER EMERGENCY PLAN

### Insurance Coverage Agreement

As a Volunteer Driver for MedStar St. Mary's Hospital, I understand and agree that my vehicular insurance is "primary" in the event of an accident.

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

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Printed Name of Volunteer Driver

**PLEASE VERIFY WITH YOUR SIGNATURE THAT ALL THE INFORMATION YOU HAVE GIVEN ON THIS APPLICATION IS TRUE AND ACCURATE.**

Applicant's Statement (please read carefully before signing):

*I certify that the answers given herein are true and complete to the best of my knowledge. I also certify that I have not knowingly withheld any information that would affect this application unfavorably. I understand and agree that any false statement or omissions as addressed above with respect to the information required on this application is grounds for refusal to use my services as a volunteer or for withdrawal of my offer of volunteer assignment made to me or for the termination of my volunteer assignment at MedStar St. Mary's Hospital.*

*I authorize MedStar St. Mary's Hospital to investigate all matters covered by this application as well as all statements made by me on this application.*

*I authorize a background check (inclusive of a check of my driving record), reference checks, and investigation of all statements contained in this application that are necessary for a decision of my qualifications as a volunteer driver.*

*I also agree, if assigned, that I am to volunteer faithfully and diligently, to be careful and avoid accident, to come to my assignment promptly, and to execute the duties assigned by my supervisor or designee.*

*I agree to abide by all present and subsequently issued policies and rules of MedStar St. Mary's Hospital's Volunteer Department.*

*I understand that I will be required to maintain and protect the confidentiality of patient information, medical records, patient and Hospital financial data, and any patient, employee, physician, and Hospital information obtained through my volunteer assignment with MedStar St. Mary's Hospital.*

*I understand that my own personal motor vehicle insurance policy is expected to provide the primary coverage for any and all accidents which occur during my service as a volunteer driver for MedStar St. Mary's Hospital during inclement weather (Code Brown) situations.*

*I further certify that I have read the attached Guidelines and agree to adhere to the policies and standards of MedStar St. Mary's Hospital as outlined in the Guidelines if accepted as a volunteer.*

*I hereby acknowledge that I have read and do understand the above statements.*

Print Name: \_\_\_\_\_

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

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

**FCRA NOTICE AND ACKNOWLEDGMENT**  
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

**NOTICE REGARDING BACKGROUND INVESTIGATION**

St. Mary's Hospital ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) 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" at any time after receipt of this authorization and, if I am hired, throughout my employment. 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 Universal Background Screening, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [  ]

**Applicants of New York Employers only:** I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

**California applicants only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. [  ]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (First/Middle/Last)

\_\_\_\_\_  
Social Security Number (SSN)

\_\_\_\_\_  
Driver License State / Number



**Social Security Number**

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**Date of Birth** - used for identification purposes only

MONTH		DATE		YEAR					

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
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<b>Other Names Used</b> (maiden name, AKA names, etc.)
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<b>Current Residential Address</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]

<b>Driver's License Number</b>	<b>State of Issue</b>
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