



Dear Adult Volunteer Candidate:

Thank you for your interest in Volunteer Services at EPIC Management and Beaver Medical Group. In order to begin the process of becoming a volunteer, please complete the application packet and submit it to the Human Resources Department for processing and consideration.

1. Background Clearance Authorization Report : All adult candidates, over the age of 18, must complete a required background clearance authorization in order to qualify as a volunteer candidate.
2. All adult candidates must complete the volunteer application.

Return your completed packet by mail or hand deliver to:

EPIC Management L.P.  
Attn: Human Resources Department  
Volunteer Service Program  
236 Cajon St., Suite D  
Redlands, CA 92373

Upon receipt of your packet, you will be contacted after we review and process your application. At EPIC Management and Beaver Medical Group, we highly value our volunteer's commitment and contributions.

Sincerely,



## VOLUNTEER SERVICES APPLICATION

**TO THE APPLICANT: EPIC MANAGEMENT L.P. AND BEAVER MEDICAL GROUP L.P. ARE AN EQUAL OPPORTUNITY EMPLOYER. EPIC MANAGEMENT L. P. AND BEAVER MEDICAL GROUP L.P. MAKE EMPLOYMENT / VOLUNTEER DECISIONS BASED UPON QUALIFICATIONS ONLY, WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, MARTIAL STATUS, DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, VETERAN STATUS OR OTHER NON-JOB RELATED FACTORS PROHIBITED BY APPLICABLE FEDERAL STATE OF LOCAL LAWS. EPIC MANAGEMENT L.P. AND BEAVER MEDICAL GROUP L.P. PROVIDE APPLICANTS WHO HAVE DISABILITIES WITH REASONABLE ACCOMMODATION TO ASSIST IN THE INTERVIEW/ HIRING PROCESS. APPLICANTS REQUIRING ACCOMMODATION SHOULD CONTACT THE HUMAN RESOURCES OFFICE. EPIC MANAGEMENT LP. AND BEAVER MEDICAL GROUP L.P. IS A SMOKE-FREE WORKPLACE.**

**THIS DOCUMENT MUST BE COMPLETED IN ITS ENTIRETY BEFORE AN OFFER OF VOLUNTEER SERVICE CAN BE AUTHORIZED.**

**SOCIAL SECURITY NO.:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Cell/ Pager:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**In Case of Emergency, notify:**  
**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

How did you hear about our volunteer program:  Internet  Friend  Other

(Please include hospital, medical or related experience, if applicable)

Previous Volunteer Experience:

Where ? \_\_\_\_\_

When ? \_\_\_\_\_

Current Employer: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Level of Education Completed: \_\_\_\_\_

Field of Study \_\_\_\_\_

Languages:

Spoken: \_\_\_\_\_

Written: \_\_\_\_\_

Why did you decide to volunteer at EPIC MANAGEMENT L.P. AND BEAVER MEDICAL GROUP L.P. ? Please provide attachment if necessary.

\_\_\_\_\_  
\_\_\_\_\_

Are there any work activities or conditions you must avoid ?

\_\_\_\_\_

Have you ever been convicted of a crime ?  yes  no

If yes, explain when, where and disposition of case:

\_\_\_\_\_  
\_\_\_\_\_

(provide attachment if necessary)

I certify that all answers in this Volunteer Application are true and correct, and have been given voluntarily; I understand that I am volunteering my services without contemplation of compensation or employment and that I am volunteering my services for humanitarian, religious or charitable reasons; I understand that the position of Volunteer requires that I be available to volunteer a minimum of one, three or four-hour shifts per week, as determined by the Site Director.

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

\_\_\_\_\_  
Adult Volunteer Applicant Signature

\_\_\_\_\_  
Printed Volunteer Name



**NOTICE AND ACKNOWLEDGMENT THAT WORKERS' COMPENSATION  
INSURANCE BENEFITS FOR VOLUNTEERS IS  
NOT AVAILABLE**

**VOLUNTEER NAME:** \_\_\_\_\_

**This Notice and Acknowledgment will service to inform you that participation in the EPIC Management and Beaver Medical Group Volunteer Services Program is entirely voluntary and, as a result, any injuries incurred and/or sustained while you are on the EPIC Management and Beaver Medical Group premises is not covered by Workers' Compensation insurance and as a participant in the EPIC Management and Beaver Medical Group Volunteer Services program, you are not covered by Workers' Compensation insurance and are not entitled to Workers' Compensation insurance benefits. By signing this Notice and Acknowledgment, you are representing that you understand you are not covered by Workers' Compensation insurance as a volunteer of EPIC Management and Beaver Medical Group.**

**This is to certify that I have read the above and that I understand that as a volunteer at EPIC Management and Beaver Medical Group, Workers' Compensation insurance benefits are not available to me.**

**Date:** \_\_\_\_\_  
\_\_\_\_\_ **Volunteer Signature**



**ACKNOWLEDGMENT OF VOLUNTEER STATUS**

**The Acknowledgment of Volunteer Status must be completed prior to duties being assigned. Once completed the form should be kept on file with the Human Resources Department or other designated department in charge of volunteer services.**

**I, \_\_\_\_\_ acknowledge that I have read EPIC Management and Beaver Medical Group HR Volunteer Policy and confirm that as a volunteer:**

- 1. My serviced to EPIC Management and Beaver Medical Group are entirely voluntary;**
- 2. I have not been promised nor do I expect compensation from EPIC Management and Beaver Medical Group for my services;**
- 3. My services are for charitable or humanitarian objectives as well as for my personal purpose or pleasure;**
- 4. I am not economically dependent on EPIC Management and Beaver Medical Group for food, shelter, clothing or pharmacy supplement benefits/services;**
- 5. I am not currently an employee of EPIC Management and Beaver Medical Group; and**
- 6. EPIC Management and Beaver Medical Group or I, may discontinue my service as a volunteer at any time, with or without cause and without prior notice.**

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**



**Stand Alone Consumer Notification**  
**Volunteers**

This is to inform you that a consumer report or an investigative consumer report, is being obtained from a consumer reporting agency chosen by EPIC Management L.P. to perform applicable services in order to evaluate your appropriateness for assignment as a volunteer.

This report may contain information on your prior employment, prior volunteer assignments, education history criminal history, consumer credit information. Social Security and personal identification information from public records or through personal interviews for purposes of confirming the information contained in your application. You may also have the right to request additional disclosure regarding the nature and scope of the investigation.