



Pre-Med Volunteer Program

Thank you for your interest in Gateway Medical Center's Pre-Med Volunteer Program. Applications are accepted each April, August, and December. No applications are taken outside of these months so that all students can be oriented together. Applications are due no later than the 30th of the months listed above.

In order to make this program rewarding for all involved, we must insist on the following guidelines:

- You must be classified as a junior (60 earned hours) or above in order to apply

- You must have a minimum GPA of 3.25 and have taken a minimum of 30 hours of science (including organic chemistry or an upper level biology) as documented on your transcript

- You must have one of the four listed Advisors sign your application if attending APSU or provide a letter of reference from your advisor if attending any other university

- You must provide a (minimum) 200 word essay on "The importance of Volunteering in the Medical Field."

If accepted You must:

- Complete a MANDATORY orientation including health screen

- Complete a minimum number of hours as determined by the Director of Volunteer Services (no less than 32 hours)

- Complete a final report of your experience in order to participate in future volunteering and/or to receive letters of reference

The Director of Volunteer Services will select up to 12 students to serve in one of the three designated areas—Emergency Department, Cardiovascular Cath Lab, and Surgical Services. Placement will be based on your application, schedule, and availability to volunteer. Returning pre-med volunteers will have priority of placement.

E-mails or letters will be sent to all applicants stating your acceptance or denial; please do not call the Volunteer Services office. Review the guidelines carefully - if you cannot commit to each requirement, please do not complete the application. We thank you for your interest in Gateway!

Sincerely,

Sandy Rose Wooten
Director of Volunteers
swooten@todaysgateway.com



Pre-Med Volunteer Program

Application received: _____

Please print

Complete Name				
Address		City	ST	Zip
Home phone #	E-mail address		Cell Phone #	
Current Age:	Current grade classification	Graduation year	Any other university attend	
Birth Date:				
Emergency contact#1		Relationship	Phone#	
Emergency contact#2		Relationship	Phone#	

Past and Present Volunteer Experience _____

Past and Present Work Experience _____

Days and times that you are available to volunteer (circle ALL that apply)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

8AM-12 NOON 10AM-2PM 12NOON-4PM 2PM-6PM 4PM-8PM

**APSU Students -
(MUST BE SIGNED BY Dr. Ron Robertson, Dr. Gilbert Pitts, Dr. Sarah Schiller, or Dr. Chad Brooks).**

Signature	Printed name	Date
_____	_____	_____

Non-APSU must provide a letter of reference from their advisor

Must be included for consideration
___unofficial transcript ___200 word essay ___completed application ___advisor signature or letter

Signature	Date
_____	_____

Return completed applications to Sandy Wooten at the address below. You may deliver in person to Mrs. Wooten, Monday through Friday, 8:30am-4pm at the Medical Center. You may also leave applications at the front desk IF they are in an envelope with the name "Sandy Wooten" on the front. **Incomplete applications will not be accepted.** Thank you!

APPLICANT'S *Disclosure & Consent* RELEASE OF INFORMATION

APPLICANT INFORMATION

Gateway Health System

Account Number: 101-101689

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: _____ State: _____ Zip: _____
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No:*	City: _____ State: _____ Zip: _____
Driver's License No.: _____ State: _____	Former Address: (2)
Date of Birth: * _____ Place of Birth: (City, State, Country)	City: _____ State: _____ Zip: _____

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

NOTICE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("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 information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. 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. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of 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 or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE 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" 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 [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

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

California applicants or employees 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.

APPLICANT:

Signature: _____

Date: ____ / ____ / ____

Print Name: _____



Fax to (770) 984-8997