



## ARA's VOLUNTEER PROGRAM

Thank you for your interest in **ARA's Volunteer Program**. Volunteering is a good way to make new friends and experience the personal gratification of having served your community. Here are the steps to the process of getting ready to share your talents, your time and your energy with us.

- Enrollment Process: The manager will contact you to schedule an interview after you have completed the attached enrollment paperwork. I hope that we can offer you an area of service that is compatible with your interests and availability. ARA is required to perform background checks, please complete the **VOLUNTEER SERVICES ENROLLMENT FORM** below.
- Volunteer Orientation – We will schedule a time for you to attend a volunteer orientation session at the location, to learn what you need to know about ARA Diagnostic Imaging before you get started.

We look forward to meeting with you and pursuing your interest in volunteering at ARA. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Melissa Rieger'. The signature is written in a cursive, flowing style.

Melissa Rieger  
Recruiter  
Austin Radiological Association



VOLUNTEER SERVICES ENROLLMENT FORM

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email address: \_\_\_\_\_

GENERAL INFORMATION

Are you at least 15 years of age?  YES or  NO

WORK STATUS \_\_\_\_\_ Employed \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed

Current or last place of employment: \_\_\_\_\_

INTERESTS, SKILLS, TALENTS: (e.g. education, computer, music)

\_\_\_\_\_

Are you performing this volunteer service because it is required?  YES or  NO

If YES: 1) Reason hours are needed: \_\_\_\_\_

2) Number of hours required: \_\_\_\_\_

3) Completion deadline: \_\_\_\_\_

VOLUNTEER EXPERIENCE

Please list any volunteer experiences that you have. Include where, and how long you did it.

\_\_\_\_\_

\_\_\_\_\_

AREA(S) OF INTEREST

Please indicate general area(s) that may interest you, keeping in mind that your choices may change as you discover more about us.

\_\_\_ Escort patients to exam rooms

\_\_\_ Read to children in the lobby

\_\_\_ Greet the public & give directions at the main entrance

\_\_\_ Assist with clerical projects

\_\_\_ Other, please explain: \_\_\_\_\_

\_\_\_\_\_



**VOLUNTEER SERVICES ENROLLMENT FORM**

<b>REFERENCES:</b> List work/business references (excluding relatives) who have personal knowledge of your training, experience and capabilities.			
NAME	TITLE	TELEPHONE	RELATIONSHIP TO YOU
		( ) -	
		( ) -	
		( ) -	

**IN AN EMERGENCY PLEASE NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

<b>Conviction of a crime is not an automatic bar to consideration for volunteering.</b>
<p>Have you ever been (check all that apply) <input type="checkbox"/> convicted of, <input type="checkbox"/> pled guilty, or <input type="checkbox"/> pled no contest (nolo contendere) for any criminal offense (misdemeanor or felony) other than parking tickets? <input type="checkbox"/> NO</p> <p>If you answered convicted of, pled guilty or pled no contest to the preceding question, provide a complete description of all criminal offense(s), date(s), location(s) (city &amp; state) and circumstances.</p>
<p>Have you ever (check all that apply) served any of the following for any criminal offense (misdemeanor or felony) other than parking tickets? <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Probation <input type="checkbox"/> Pretrial Diversion <input type="checkbox"/> Shock Probation <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Court Ordered Community Supervision</p> <p><input type="checkbox"/> Suspended Sentence <input type="checkbox"/> Other:</p> <p>Please provide complete description on criminal offense(s), date(s), location(s) (city &amp; state) and disposition.</p>
<p>Have you ever been excluded from participation in Medicare or Medicaid or convicted of, or pled guilty or no contest (nolo contendere) for a criminal offense involving federal or state health care laws? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>Please provide a complete description of all offense(s), date(s), location(s) (city &amp; state) and circumstances.</p>

**SIGNATURE**

My signature below certifies that all statements made on this enrollment form are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of information can disqualify me from consideration or result in dismissal upon discovery. Furthermore, my signature below provides my authorization to ARA to do a criminal background study, as well as reference checks to determine my suitability for placement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, hereby authorize Austin Radiological Association MSO, LLC, and/or its agents to make an independent investigation of my background to procure an investigative consumer report for employment purposes. With my signature below, I understand that this investigation of my background may include my driving record, criminal and / or civil litigation history, information from credit reporting agencies, education verifications and previous employer references, which may include information about my character, background, general reputation, personal characteristics, or mode of living. I understand that I have the right to request, in writing, information pertaining to the nature and scope of the investigation and a written summary of my rights under the Fair Credit Reporting Act. I understand that before adverse action, including the denial of my employment can be taken against me in whole or in part due to a consumer report, I will be provided with a copy of the report and a written summary of my rights under the Fair Credit Reporting Act. I also understand I may have additional rights under applicable state law.

I authorize all government agencies, state department of motor vehicles, corporations, companies, educational institutions, persons, law enforcement agencies, workers' compensation agencies, criminal, civil and federal courts, and former employers to release information they may have about me and release them from any liability and responsibility from doing so. Any copy of this authorization shall have the same authority as the original. I release Austin Radiological Association MSO, LLC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suites in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Social Security Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Name (as it appears on Social Security Card): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment.

*Austin Radiological Association MSO, LLC is an Equal Opportunity Employer.*

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven

years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For more information about your federal rights, contact:**

**TYPE OF BUSINESS:**

**CONTACT:**

- |   |   |
|---|---|
| 1. a. Banks, savings associations, and credit unions total assets of over \$10 billion and their affiliates.  | a. Bureau of Consumer Financial Protection<br>1700 G Street NW<br>Washington, DC 20006  |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:  | b. Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357  |
| 2. To the extent not included in item 1 above:  | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050   |
| a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks   | b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480   |
| b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act | c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106  |
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations   | d. National Credit Union Administration<br>Office of Consumer Protection (OCP)<br>Division of Consumer Compliance and Outreach (DCCO)<br>1775 Duke Street<br>Alexandria, VA 22314 |
| d. Federal Credit Unions  |   |
| 3. Air carriers   | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Department of Transportation<br>400 Seventh Street SW<br>Washington, DC 20590                                     |
| 4. Creditors Subject to Surface Transportation Board  | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>1925 K Street NW<br>Washington, DC 20423   |
| 5. Creditors Subject to Packers and Stockyards Act  | Nearest Packers and Stockyards Administration area supervisor   |
| 6. Small Business Investment Companies  | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>406 Third Street, SW, 8th Floor<br>Washington, DC 20416                       |
| 7. Brokers and Dealers  | Securities and Exchange Commission<br>100 F St NE<br>Washington, DC 20549   |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations  | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090   |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above   | FTC Regional Office for region in which the creditor operates or<br>Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357           |