

## Lawnwood Regional Medical Center & Heart Institute Clergy Badge Application Process

Thanks you for your spiritual care ministry! We look forward to welcoming you to the Lawnwood Regional Medical Center team of caring professionals. We have outlined the process to ensure accurate and timely process of your clergy badge:

- The applicant secures written request from their church on letterhead stationary verifying their position and responsibility for visitation of patients.
- The applicant completes attached application and GIS consumer authorization allowing us to conduct a background screen. The applicant also completes the HIPPA Agreement.
- All Paperwork is submitted to:

**Lawnwood Regional Medical Center & Heart Institute**  
**c/o: Chaplain Ronald P. Engel**  
**1700 S 23rd Street**  
**Fort Pierce, FL 34950**

- Upon Pastor Engel's approval, he will fax the Consumer Authorization form to the HR Department to start the background screening process.
- Upon return of a clear background check, HR will contact the applicant to visit the HR department, located on the first floor at the back entrance of the hospital to have their picture taken and ID badge made.

When visiting patients you will need to have your badge at all times. We will not provide a location in the hospital to hold your badge for your use when on the hospital property. If you have any questions, please contact Pastor Engel at 772-359-6590.



**LAWNWOOD**  
Regional Medical Center  
& Heart Institute  
A SAFETY NET HOSPITAL  
for the Treasure Coast

## Lawnwood Regional Medical Center & Heart Institute Community Clergy Badge Application

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

Title: \_\_\_\_\_

Local Congregation Affiliation: \_\_\_\_\_

Faith Group Address: \_\_\_\_\_

Congregation Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work# \_\_\_\_\_

Name & Title to be placed on badge: \_\_\_\_\_

Congregation Name for badge: \_\_\_\_\_

Are you available for the Chaplain on-call schedule?  Yes  No

Will your purpose be to visit your parishioners during regular visiting hours?  Yes  No

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

Please return this application with a letter from your congregation board or clergy on congregation letterhead clarifying your position and responsibility for hospital visitation to:

Lawn wood Regional Medical Center & Heart Institute  
c/o: Chaplain Ronald P. Engel  
1700 S 23 rd Street  
Fort Pierce, FL 34950



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# Clergy Badge Application's HIPPA Agreement

This indicates that each visiting clergy will provide spiritual care interventions for their parishioners and their family members. Visitation from room to room is not permitted by the Joint Commission on Accreditation of Healthcare Organizations.

This also affirms the clergy applicant's statement of intent for confidentiality and respect of all patients' privacy and religious preference.

Thank you very much for your cooperation in this important matter.

Sincerely,

Pastor Ronald Engel  
Spiritual Care  
Lawnwood Regional Medical Center & HI

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_



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## Lawnwood Regional Medical Center # 11051

### VOLUNTEER INFORMATION

**APPLICANT'S FULL NAME** \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_

Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)

Current Address \_\_\_\_\_

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

Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_

Address on D.L.: \_\_\_\_\_

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(  GED – provide state) \_\_\_\_\_

Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_

Name on GED or under which you graduated \_\_\_\_\_

Year(s) Attended \_\_\_\_\_ Year Graduated/GED Completed \_\_\_\_\_

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry \_\_\_\_\_

Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

\*Have you ever been convicted of a crime? Yes  No  (Please attach a separate sheet of paper to provide additional entries)

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Date From:** \_\_\_\_\_ **Date To:** \_\_\_\_\_

2. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Date From:** \_\_\_\_\_ **Date To:** \_\_\_\_\_

3. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Date From:** \_\_\_\_\_ **Date To:** \_\_\_\_\_

4. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Date From:** \_\_\_\_\_ **Date To:** \_\_\_\_\_

#### STATE LAW NOTICES

**Minnesota or Oklahoma** applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. \_\_\_\_\_

**California** applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. \_\_\_\_\_

**California** applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_

**New York** applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. \_\_\_\_\_

**Maine** applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State** applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

By signing below, I agree that my present employer may be contacted for verification of employment.

I have read and understand the above information and assert that all information provided by me is true and accurate.

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

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

**Lawnwood Regional Medical Center # 11051**  
**VOLUNTEER DISCLOSURE & AUTHORIZATION**

**APPLICANT'S FULL NAME** \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_

Current Address \_\_\_\_\_

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

Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_

Address on D.L.: \_\_\_\_\_

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. 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. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] 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 throughout the course of your volunteering with the Company to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE 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" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

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

[www.PreCheck.com](http://www.PreCheck.com) [info@precheck.com](mailto:info@precheck.com)  
ph: 800-999-9861 fax: (800) 207-2778

Nevada Private Investigator License # 1618

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