



Dear PT/OT Student:

Thank you for your interest in St. Joseph's/Candler.

Please complete the enclosed application and return it to us with the following:

1. Criminal background check that has been conducted in the last 30 days (can be obtained from any Georgia Police Department (the Chatham County Sherriff's Department Form is included in this packet for your convenience). We do not run your background check – you must return completed background check with your application.
2. Copy of your Immunization Records to show two Measles Mumps and Rubella immunizations.

Packets must be received complete with Application, Immunization Records, and Criminal History. You can email your packet to [longa@sjchs.org](mailto:longa@sjchs.org).

After we receive your completed application packet, we will call and let you know that you can go to Occupational Health Department for a PPD skin test for Tuberculosis and a flu immunization during flu season.

Thank you for your interest in St. Joseph's/Candler.

Sincerely,

*Amy Long*

Amy Long  
Clinical Manager OT/PT

<b>St. Joseph's Hospital</b>	<b>Candler Hospital</b>
11705 Mercy Boulevard	5353 Reynolds Street
Savannah, Georgia 31419	Savannah, Georgia 31405
(912) 819-4100	(912) 819-6000

1804 Candler Hospital • 1832 Georgia Infirmary • 1875 St. Joseph's Hospital • 1886 Mary Telfair Hospital for Women

St. Joseph's/Candler is the recipient of the National Magnet Award for Nursing Excellence.

[www.sjchs.org](http://www.sjchs.org)



Volunteer Services
PT/OT STUDENT
APPLICATION

This company is an equal opportunity employer and does not discriminate on the basis of race, creed, color, age, sex, disability or national origin. Applicants are subject to criminal background check.

LAST NAME FIRST NAME MIDDLE INITIAL

EMAIL ADDRESS:

LOCAL MAILING ADDRESS

HOME: CELL: Do you text?
TELEPHONE NUMBERS

DATE OF BIRTH: AGE: SEX: MALE FEMALE

MARITAL STATUS: MARRIED SINGLE WIDOWED

SPOUSE FIRST NAME:

LANGUAGES SPOKEN:

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

NAME: TELEPHONE:

RELATIONSHIP:

Have you ever worked for St. Joseph's/Candler Health System?

If yes, where? Position:

Have you ever volunteered at St. Joseph's/Candler Health System?

If yes, where and why did you leave?

Are you related to anyone that works for St. Joseph's/Candler?

If yes, name and department:

The information I have given in this application is true and correct to the best of my knowledge and is subject to validation by St. Joseph's/Candler Health System. I understand and agree to the fact that this agreement is for participation with St. Joseph's/Candler Health System as a Volunteer and that I will not be compensated for my time now or in the future.

I also understand that volunteering does not lead to employment with St. Joseph's/Candler (employment opportunities can be found at www.sjchs.org/jobs).

Signature: Date:

\*\* Please include a copy of your Immunization Records showing 2 Measles, Mumps, & Rubella immunizations and your completed background check with your application.

## **Procedures for a Criminal History/Background Check Georgia Crime Information Center (GCIC)**

Chatham County Sheriff's Office  
Criminal History/Fingerprint Unit  
P.O. Box 10026  
Savannah, Ga 31412  
912-652-7650  
912-652-7652  
912-651-3791 (fax)

### **GCIC Report (name search background check)**

Complete the CHRI Release/Waiver, which can be obtained at the Chatham County Sheriff's Office Criminal History/Fingerprint Unit. **This release/waiver must be signed by the subject.** *"Providing your social security number is **OPTIONAL**. However, failure to provide your social security number might delay the processing time of your criminal background check. Should you provide your social security number, it will be submitted to federal and state agencies for purposes of confirming your identity and obtaining any relevant criminal history."*

**Return the request form and a processing fee of \$15.00** to the Chatham County Sheriff's Office at the above address or the waiver may be presented in person with proper identification to the cashier's window at the Chatham County Sheriff's Complex in the Main Lobby (**cash/credit or debit**). If you are submitting a waiver for someone other than yourself, the form **MUST** be signed and witnessed and a copy of the subject's photo ID must accompany the waiver. **The cashier is open Monday-Friday, 9:00am-4:30pm. Note: If you are mailing the release/waiver, the processing fee must be in the form of a cashier's check or money order and a legible copy of the subject's ID must be attached to the release/waiver. Also, the form MUST be signed by the subject and witnessed by a second party before the release/waiver is mailed.** **PLEASE DO NOT MAIL CASH!** The Chatham County Sheriff's Office does not take personal checks.

The processing of the criminal history/background check will take 3-5 business days. The request form will be completed by a Sheriff's Office Supervisor. In the case of a no record response, a copy of the request form marked "**No Record**" will be released **ONLY TO THE SUBJECT OR TO THE PERSON IDENTIFIED IN THE "RELEASE TO" SECTION ON THE WAIVER**. Also, in the case of a "**No Record**" response, a printout may or may not accompany the response due to confidential information on the other individuals that may be returned. If a "**record**" is found, a printed record will be attached to the request form and the form so marked.

**Chatham County Sheriff's Office  
Criminal History/Fingerprint Unit  
1050 Carl Griffin Drive  
Savannah, GA 31405**



Chatham County Sheriff's Office
CHRI Release/Waiver

By my signature below, I hereby request, authorize and direct Sheriff John T. Wilcher or his appointed designee and the Chatham County Sheriff's Office to perform a Georgia background investigation which includes, but may not be limited to an electronic background search of G.C.I.C. and local records.

Furthermore, I authorize and direct that any information or records which are produced or discovered as a result of this background investigation are to be released and transmitted to the persons identified below for whatever purpose they require. I am fully aware that the information or records produced as a result of this inquiry contain confidential and privileged information which would not otherwise be released without my consent, request or authorization.

In making this release authorization, I agree to HOLD HARMLESS, SHERIFF JOHN T. WILCHER, and ALL EMPLOYEES OF THE CHATHAM COUNTY SHERIFF'S OFFICE AND CHATHAM COUNTY GOVERNMENT FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION.

PLEASE PRINT CLEARLY

SUBJECT INFORMATION (PLEASE COMPLETE ALL FIELDS)

Form with fields for Last Name, First, Middle, Maiden (if applicable), Address, City, State, Zip, Phone Number, Race, Sex, Birth Date, Eyes, Hair, SSN, Height, Weight, State/Place of Birth. Includes checkboxes for 'WILL PICK UP' and 'PLEASE MAIL'.

RELEASE TO: (COMPLETE THIS SECTION IF YOU WANT YOUR BACKGROUND TO BE RELEASED OR MAILED TO SOMEONE OTHER THAN YOURSELF)

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_
MAILING ADDRESS: \_\_\_\_\_

SPECIAL EMPLOYMENT PROVISIONS (CHECK ONLY IF APPLICABLE)

Checkboxes for: EMPLOYMENT/VOLUNTEER WITH CHILDREN (W), EMPLOYMENT/VOLUNTEER WITH ELDER CARE (N), EMPLOYMENT/VOLUNTEER WITH MENTALLY DISABLED (M)

BACKGROUND PURPOSES (CHECK ONLY ONE)

Checkboxes for: ADOPTION/FOSTER CARE (E), PERSONAL RECORD INSPECTION, OTHER \_\_\_\_\_

AUTHORIZATION

Prior to signing this request, I have fully read and understand the provisions of this writing. My request is freely made without fear of punishment or promise of reward, and with full and complete understanding of the consequences of my actions.

Legal Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Witness \_\_\_\_\_

CCSO DEPARTMENT RESPONSE

Checkboxes for: NO GCIC RECORD, NO LOCAL RECORD, RECORDS FOUND AND ATTACHED, FINGERPRINTS NEEDED FOR POSITIVE IDENTIFICATION

Chatham County Sheriff Office Official \_\_\_\_\_ / \_\_\_\_/\_\_\_\_/20\_\_\_\_ Date

Any further dissemination is protected under State and Federal Law