



Grace Under the Oaks
Staff/Contractor Application

HEALTH HISTORY

Applicant Name: _____ Date of Birth: _____

Allergies:

Medications:

Are there any medical or physical conditions that we should be aware of?

EMERGENCY INFORMATION

Emergency Contact Name: _____ Relationship: _____

Contact Cell/Home Phone: _____ Contact Work Phone: _____

Contact Address: _____

Applicant's Physician Name: _____ Phone: _____

Hospital/Town: _____

In case of a Medical Emergency, I, _____, authorize Grace Under the Oaks, Inc., to provide such medical assistance as they determine to be necessary.

In the event that the emergency contact listed above cannot be reached and if deemed necessary by the Grace Under the Oaks, Inc, Team, I, _____, authorize transportation to a medical facility and any medical care, and/or hospital staff to provide care, which includes anesthesia, if deemed necessary or advisable by medical staff.

Signature of Applicant

Date

Printed Name of Applicant

Date



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BACKGROUND INFORMATION

Applicant Name: _____

Grace Under the Oaks requires background checks for all employees and contractors at/over the age of 18. This will be at the cost of the applicant and is required before the applicant may engage in any Grace Under the Oaks, Inc. activities.

Have you ever been charged with or convicted of a crime, including sex-related or child abuse-related offenses?

Check One: Yes _____ No _____ If yes, please explain:

Signature: _____ Date: _____

Current Driver License #: _____ State Issued: _____ or N/A _____

I hereby authorize Grace Under the Oaks, Inc. to receive information from any law enforcement agency, including police and sheriff's departments, of this state or any other state or federal government, to the extent permitted by the state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as a volunteer and I expressly DO NOT authorize the operating center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group agency, organization or corporation.

Signature: _____ Date: _____