

Bishop Gadsden is pleased to have a wonderful relationship with area colleges and universities. These relationships have produced great things – one of which is our Internship Program.

The attached intern checklist and service application will assist all Bishop Gadsden Interns. Any questions can be directed to 843.406.6600.

BISHOP GADSDEN



Intern Checklist

The following tasks must be completed at Doctor's Care on Folly Road.

(Make sure you take your sheet from BG stating what services you need completed. You also need to take your health questionnaire with you.)

Physical

Drug Test

2 Step PPD (You must return 24 hours after each PPD is placed to have it read. The 2nd PPD must be placed 7 days after your first PPD is placed and before 21 days have passed.)

You will need to complete the following paper work and return it to

Helen Boatwright as soon as possible.

Service Application (*must be turned in immediately*)

Background check release form (*must be turned in immediately*)

Resume

BG Code of Conduct & Compliance

Parking form

Hepatitis B form

Residents Right form

Internet / Computer policy agreement (This paperwork will be given to you when you are given your username and passcode during the first day of your internship.)

You will also need to complete an orientation with our Human Resources Department .

Orientation

This orientation will be schedule by your supervisor.

Please contact Helen Boatwright, Resident Services Coordinator, if you have any questions.

(helen.boatwright@bishopgadsden.org or 843.406.6600 / fax: 843.406.6500)

Bishop Gadsden Service Application

- Volunteer
 Intern
 Private Companion
 Private Caregiver
 Other; _____

PERSONAL INFORMATION

Name (Last, First, Middle Initial)			Preferred Name		
Address (Street, City, State, Zip Code)					
Phone Number		Cell Phone Number		Email Address	
Social Security Number		Date of Birth	Marital Status	Race	Gender
Emergency Contact		Relationship		Emergency Contact's Number	

AVAILABILITY

Days Available						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Time Available						
<input type="checkbox"/> Morning (__:__ to __:__)		<input type="checkbox"/> Afternoon (__:__ to __:__)		<input type="checkbox"/> Evening (__:__ to __:__)		
Frequency						
<input type="checkbox"/> ___ Day(s) a week		<input type="checkbox"/> ___ Day(s) a month		<input type="checkbox"/> Other (Please specify) _____		

POSITION INFORMATION (Only answer the questions that are applicable to you)

Please provide the name, department and apartment number of the family/families you are working with
Please describe any specific interests you have concerning volunteering or interning at Bishop Gadsden

Please be advised that Bishop Gadsden adheres to the South Carolina Department of Health and Environmental Control (DHEC) regulation(s) forbidding any person to provide service for Bishop Gadsden, or at Bishop Gadsden, that has ever been convicted (or entered a no contest or nolo conendere plea) of the crimes listed below in a licensed health care and/or residential care facility.

- | | |
|---|---|
| <ul style="list-style-type: none"> • Capital Crimes (including but not limited to murder, rape Kidnapping and arson) • Sexual Assault • Armed Robbery/Strong Armed Robbery • Felonious Assault • Burglary • Forgery | <ul style="list-style-type: none"> • Any type of Abuse and/or neglect of any individual • Any type of felony involving theft • Any type of felony involving injury • Any type of felony involving damage to property • Any other theft of money, securities, or other property valued at \$1,000 or more |
|---|---|

Additionally, Bishop Gadsden may not deem individuals eligible to provide service for Bishop Gadsden, or at Bishop Gadsden, with distinct patterns of criminal actions which may not be of a felonious nature including but not limited to fraudulent check convictions, possession and/or distribution of illegal substances (drugs), and assaults of a less than felonious nature.

NOTICE AND AUTHORIZATION FOR RELEASE OF INFORMATION

During the application process and at any subsequent time if you are providing service for Bishop Gadsden, or at Bishop Gadsden, a consumer report may be obtained with your application to determine if you meet the South Carolina Department of Health and Environmental Control (DHEC) regulations and those standards set by Bishop Gadsden. The Fair Credit Reporting Act, as amended by the Consumer Reporting Reform Act of 1996, requires that we advise you for purposes of service eligibility only, a consumer and/or law enforcement report may be obtained which may include information about your credit worthiness, character, general reputation, personal characteristics, and/or mode of living.

If you are denied or terminated from providing service for Bishop Gadsden, or at Bishop Gadsden, due to information received on any criminal background report you will be notified in writing that you have not met criteria for service. If you wish to request a copy of the report received, you may do so in writing and a copy will be provided for you.

I authorize the Bishop Gadsden representative to complete an investigative report about my background, character or reputation, including but not limited to, information as to my employment, education, criminal record, consumer record, consumer credit history, driving record, social security number verification, and/or public records history. I authorize all persons to fully disclose information relevant to this investigation. I release liability from all persons, companies, and governmental or other agencies disclosing such information. I further authorize that a photocopy of this authorization be considered as an original.

I hereby affirm that the information on this form is true and correct and there are no omissions. I understand that false or misleading information, given either during this application process or after I am deemed eligible to provide service for Bishop Gadsden, or at Bishop Gadsden, may result in discharge. I understand that all applicants are subject to pre-service, post-offer drug and alcohol screening and that detection of prohibited substances will revoke any conditional offer for service. I also understand that if an offer of service is tentatively made to me, it may be conditioned upon successful completion of a medical examination.

Applicant's Signature

Date

Applicant's Name (Print)

Please complete the following section in its entirety

Have you ever been convicted of any criminal violation of the law, or are you now under pending investigation charges? YES NO

If you answered yes to the previous question, please explain why, when, and where _____

Please list any other names used (Alias, Maiden, Nickname, etc...) _____

Please list all addresses used in the past 12 months below (Street, City, State, Zip Code, and Dates Used)

If you are a licensed and/or certified applicant, have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license(s) or certifications? YES NO

PROFESSIONAL LICENSE(S) OR CERTIFICATION(S) LICENSE OR CERTIFICATION # (S) STATE(S) ISSUED

