



FAMILY COUNCIL APPLICATION

Thank you for your interest in becoming a member of the Family Council at Gillette Children's Specialty Healthcare. This information will remain confidential.

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Please list the names and birth dates of your children who have received care at Gillette Children's Specialty Healthcare:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Briefly describe your child's medical story: _____

Please list the services have you utilized along with any nursing units your child was on if s/he had an inpatient stay at Gillette within the last 2 years.

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Please tell us more about yourself.

1. Why are you interested in joining the Family Council?

2. What strengths or attributes would you bring to the Family Council?

3. What special interest or experiences would you offer to the Family Council?

4. Would you be able to attend six council meetings per year on Thursday evenings? Yes No

Reference:

Please include the name of a Gillette Children’s Specialty Healthcare staff member who knows you and your child:

Name: _____ Department: _____

Thank you for completing this application for the Gillette Children’s Specialty Healthcare Family Council. If your application is selected, you will be contacted for an interview.

Please note: *Family Council members are considered volunteers of the hospital and are required to complete the volunteer process including an orientation session and background check.*

Gillette Children’s Specialty Healthcare is not obligated to provide you a place on the Family Council, nor are you obligated to accept the position if offered. Because space is limited on the council, it is possible that not all applicants will be able to serve. Applications will be kept on file.

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This section is optional. For purposes of ensuring a diverse council that accurately represents our patient population, please check all that apply:

- White Hispanic or Latino Asian American Indian
 Black or African American Pacific Islander Other _____

Primary language spoken: _____ Other languages you speak: _____

Applicant signature _____

Date: _____

Please mail this completed application to the address below:

Patty Dunn
Gillette Children's Specialty Healthcare
200 University Avenue East
Internal: 010601
St. Paul, MN 55101

PLEASE SEE THE NEXT PAGE FOR INFORMATION ABOUT YOUR REQUIRED MN DEPARTMENT OF HUMAN SERVICES BACKGROUND CHECK AND COMPLETE PAGE 5 OF THIS APPLICATION.

This background check is part of your Family Council Application. If you have questions about this background check, please call Patty Dunn at 651-229-1753.

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FINGERPRINT AND PHOTO INFORMATION FOR DHS BACKGROUND STUDY SUBJECTS

Why am I required to have a background study?

State law requires that people who will provide services to children and vulnerable adults, in certain health and human service and child care settings, have a background study completed by the Minnesota Department of Human Services (DHS).

Are fingerprints and a photograph required?

Yes. State law passed in 2014 requires background study subjects to be fingerprinted and photographed. Fingerprint-based background studies will result in faster and more accurate background study determinations.

What information do I have to provide?

You must provide your full name and any prior names, including names and aliases by which you previously have been known. You also must provide your date of birth, address, sex, eye color and hair color, height, weight, and place of birth. You do not have to provide your Social Security number (SSN) unless you want your background study determination to be available to another entity in the future. If you do not provide your SSN you will need to be fingerprinted and photographed again for your next background study.

Why do I have to provide so much personal information?

The information is required by the Minnesota Bureau of Criminal Apprehension (BCA) and the FBI to complete a fingerprint-based background study.

How will my photograph be used?

Your photo will be used to verify your identity; it stays in the DHS system. It will be available to the entity that submitted your background study request to prove that you were the person who was fingerprinted. It will also be available to entities to which you give permission to view your background study determination.

Can a background study from another agency be used in place of the DHS study?

No. Background studies completed either for or by another agency cannot be used in place of a DHS background study. DHS background studies include reviews of county and state child and vulnerable adult maltreatment determinations and Minnesota Court Information System records.

Can I submit fingerprints from another agency for my DHS background study?

No. Fingerprints recorded by any other sources cannot be used for your DHS background study. Your fingerprints and photo must be taken at a DHS authorized location. The locations are operated by 3M Cogent (<http://www.cogentid.com>).

Is there a time limit for being fingerprinted and photographed?

You have up to 14 calendar days from the day your background study request was submitted by an entity. The deadline will be printed on the fingerprint authorization form which will be given to you by the entity that submitted your background study request.

Do I have to be fingerprinted again?

In most cases, you will only be required to be fingerprinted once if you choose to provide your SSN. Future employers will be able to view your background study determination if you give them your SSN. If you do not provide your SSN you will need to be fingerprinted and photographed again for your next background study.

Where can I find more information?

You can find more information on the DHS Background Study website by going to <http://www.mn.gov/dhs> and selecting General Public > Office of Inspector General > Background Studies. You can find more information about fingerprint and photo service locations at <http://www.cogentid.com>.

Name must be listed exactly as it appears on your driver's license or valid government issued ID.

Last Name: _____

First Name: _____

Middle Name: _____

Other names known by (maiden name, married name, nicknames): None _____

Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____

Place of birth (City/State/Country): _____

Phone number: _____

Email address: _____

Are you a US Citizen? Yes No

Driver's License Information:

State Issued From: _____

Number: _____

Expiration (MM/DD/YYYY): _____

Address: _____

City: _____

State: _____

County: _____

Zip Code: _____

Prior out of state addresses within the past 5 years (city, state, & date range): None

Race: _____

Hair color: _____

Gender: Female Male

Height: _____

Eye color: _____

Weight: _____