



Volunteer Application

Personal Data

Name (Last, First, Middle) _____ Today's Date _____

Address (Number, Street, Apt. No.) _____ City, State, Zip Code _____

Other Names under which you have been employed _____ (_____) _____

Social Security Number _____ Home Phone Number _____

(_____) _____

Cell Phone Number _____

Have you ever been convicted of a crime (felony and/or misdemeanor), been excluded from participation in federal health care programs or convicted of an offense by court martial while in military service? Yes _____ No _____

If you answered yes, please list the following information: Charge/Offense, Date, Arresting Agency, Location and Court Disposition.

Please note that a prior conviction is not an automatic bar . Each case will be considered on its own merits.

Job Interest

Areas Desired:

<input type="checkbox"/> Guest Services	<input type="checkbox"/> Medical /Surgical	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Administration	<input type="checkbox"/> Intensive Care	<input type="checkbox"/> Physician Practices
<input type="checkbox"/> Quality Improvements	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Other _____

Date available _____

Personal/Course objectives: _____

Education

School	School Name, City and State	Course of Study	How many years completed?	Did you graduate?	Type of Diploma or Degree Received
GED					
High School					
College					
Other (Military Service, Post-Grad, Nursing)					
Skills (CPR, language, typing, software, etc.					

Availability

Please list your availability and list times if appropriate.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

References

References: Give the names of three persons, not related to you, whom you have known at least one year.

Name	Address and Phone Number	Business	Years Acquainted

I certify that answers given herein are true and complete to the best of my knowledge. I understand that I will be expected to conform to the rules and regulations of Monroe Hospital, all of which may be amended by the Hospital without notice at any time.

I agree to submit to any lawful drug, alcohol, or other testing that may be required and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my service will result in disqualification from consideration.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Hospital with any information requested by it, and I release all such persons from any liability regarding any provision or use of such information.

I understand that a criminal background check may be obtained. The State Police (as listed below) will provide Monroe Hospital with any record I may have for conviction of any crime. I understand that I have a right to inspect my criminal history record and request correction of any inaccurate information. If I do not exercise that right, I waive liability of the State Police and any State Police employee for any claim for damages arising from the dissemination of inaccurate information.

I understand that any personal property carried by me to and from the hospital including my handbag, briefcase or packages may be inspected by the hospital. I understand that any storage areas provided to me on hospital property may be inspected by the hospital. I also understand, upon termination of my employment, I am required to return any hospital property issued to me or I will allow the value of same to be deducted from my wages.

Date _____ Signature _____

Name: _____

**MONROE HOSPITAL
DRUG SCREENING POLICY**

Monroe Hospital has a vital interest in maintaining a safe, healthy and productive work environment and in protecting the safety and well-being of its employees, patients, families and visitors.

Monroe Hospital requires drug screening of all potential workers in order to prevent representation by those who may use illegal drugs or individuals whose use of any drug has the potential to impair job performance. Impaired performance is that which constitutes a direct threat to one's self, property, or the safety of others, or which may interfere with or prevent performance of the workers' duties, and impair the workers' behavior or ability to make rational decisions.

All applicants will be asked to sign an Acknowledgement and Consent Form which allows Monroe Hospital to receive specimens for Drug Screening . This consent explains that working with Monroe Hospital is contingent upon compliance and satisfactory results from the drug screening exam as determined by the Management of Monroe Hospital.

Positive results from the drug screening will be communicated to the potential worker by a representative of the Human Resources Department. Any potential worker protesting a positive result may request that the laboratory retest the same specimen within two weeks at the potential worker's own expense. If then, after retest, a positive results from the screening, service by the applicant will not be considered.

ACKNOWLEDGEMENT AND CONSENT

All applicants must sign this Acknowledgement and Consent Form for a drug screening exam upon completing an application.

Potential workers will be advised that they must report to the Monroe Hospital Human Resources department at a time scheduled by the Hospital. Failure to report as scheduled may result in disqualification for employment.

Test will be administered by:	Monroe Hospital
Test collection site:	Monroe Hospital
Test collection time:	To be scheduled by Monroe Hospital Human Resources
Method of Testing:	“Chain of Custody” and/or Alcohol Swab Test Professional Medical Split Sample Screening
Drug Categories:	Per Monroe Hospital Protocol

I have read the above information in this policy and understand that my service with Monroe Hospital is contingent upon compliance and satisfactory results from the drug screening exam as determined by the Management of Monroe Hospital.

I understand that the results of the screening exam will remain confidential and will be released only to those persons who have a “need to know” or to whom Monroe Hospital has a legal duty to disclose.

Print Name: _____ Date: _____

Signature: _____

Social Security Number: _____