



Dear EPMC Volunteer,

Welcome to Estes Park Medical Center service as a valuable volunteer! As we near the 40th year of service to this community and our many visitors we also celebrate your decision to support our irreplaceable mission,

"To make a positive difference in the health and wellbeing of all we serve"

We know your time is precious and there are many worthy organizations where you could spend your time and we are so grateful you have chosen us! Volunteers are one of the most special parts of the EPMC team and we know that you will enjoy the people that you will help and work beside.

This is your volunteer packet and we ask that you read and complete each portion very carefully and thoroughly and fill forms out in their entirety so that we can get you started as soon as possible. If you are applying to be a **Hospice Volunteer** or an **Emergency Medical Services** reserve member, there will be additional paperwork for your completion.

My favorite quote of all time comes from Winston Churchill...

"We make a living by what we get - we make a life by what we give."

Thank you for all that you give!
Health and happiness to you and yours,

Jill M. Anderson, CFRE – Executive Director
Estes Park Medical Center Foundation



Thank you for your interest in Estes Park Medical Center.

The mission of the Estes Park Medical Center is to make a positive difference in the health and wellbeing of all we serve.

VOLUNTEER APPLICATION

PLEASE READ THIS INFORMATION SHEET AND KEEP FOR REFERENCE:

Please complete this application in its entirety.

Failure to do so will result in non-consideration of your application

Print clearly: incomplete or illegible applications will not be processed.

Please Note N/A in areas that are not applicable.

**Return the completed application to:
Estes Park Medical Center Foundation & Volunteers
PO Box 3650
Estes Park, Colorado 80517
970-577-4370**

Upon receipt of your volunteer application, it will be routed to the appropriate individual for consideration. If you are not selected for the volunteer position, you will receive a letter in the mail. The initial process of reviewing applications could take up to three weeks.

**If you have questions please call:
970-577-4370**

**For Management use only:**

Received: _____ By: _____

Notes: _____

555 Prospect Avenue
Estes Park, CO 80517
970-577-4370**VOLUNTEER APPLICATION**

(See Applicant Instructions on Cover Sheet)

Position Applied For: _____ **Today's Date:** _____**How did you hear about EPMC?** _____

Name: Last, First, M					
Social Security Number					
Home Phone		Cell/Work Phone			
Current Address					
City		State		Zip Code	
Current Mailing Address (if different than current):					
Prior Address:					
Email Address:					

Applicant Note: This application form is intended for use in evaluating your qualifications for Volunteering. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after engagement, terminating volunteering. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from volunteering. Additional testing of job-related skills may be required prior to employment. After an offer to volunteer, and prior to reporting to work, you may be required to submit to a medical review and evaluated for the presence of drugs and alcohol in your body. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Availability

What date can you start: _____ What category would you prefer? Full time Part time Temporary

For which schedules are you available?* Weekdays Weekends Evenings Nights Overtime Shift Other _____

Job Related Skills

Note: Do not fill out any part of this section you believe to be non-job related.

- ☐ Yes ☐ No If the job requires, do you have the appropriate valid driver's license?
Name on License: _____ DL# _____ Type: _____ State of Issue: _____
- ☐ Yes ☐ No Have you been given a job description or had the essential functions (Job Posting) explained to you?
- ☐ Yes ☐ No Do you understand these essential functions?
- ☐ Yes ☐ No Can you perform the essential functions of this job with or without reasonable accommodations.

Security

List states and counties of residence for the past SEVEN (7) years: _____

- ☐ Yes ☐ No Have you used any other Names or Social Security Numbers other than given above?
If so, please list in comments below.

Comments

(Ask For Additional Page If Necessary)

Employment and/or Volunteering History

Please note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to verify your experience, the correct telephone numbers are critical.

Most Recent Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently working for this employer?	Phone: () -	
				FAX: () -	
Company Name		City		State	
_____ to _____					
Dates Employed		Job Title		Supervisor Name	

Duties					
_____ PER _____					
Salary		(hour, week, month)	Reason for Leaving		

Second Most Recent Employer				Phone: () -	
				FAX: () -	
Company Name		City		State	
_____ to _____					
Dates Employed		Job Title		Supervisor Name	

Duties					
_____ PER _____					
Salary		(hour, week, month)	Reason for Leaving		

Third Most Recent Employer				Phone: () -	
				FAX: () -	
Company Name		City		State	
_____ to _____					
Dates Employed		Job Title		Supervisor Name	

Duties					
_____ PER _____					
Salary		(hour, week, month)	Reason for Leaving		

References

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

Name (First & Last)	City/State	Phone Number	Relationship	Years Known

Education

Do not fill out any part of this section you believe to be non-job related.

Circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your high school records are under a different name than listed on page 1, please enter that name: _____

	Name	City/State	Graduated	Degree?
High School				
College				
Other				

Certification and Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment/volunteering. I authorize the company and or his agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, school, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment/volunteering. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment/volunteering.

Applicant Signature

Date

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PLEASE READ CAREFULLY
APPLICATION AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION
We truly welcome your application with Estes Park Medical Center ("Employer").

In pursuit of excellence in our employees, we require as a condition of our employment recommendation, that all applicants consent to and authorize an investigative consumer report of their background, concerning their character, general reputation, personal characteristics, and mode of living. The investigative agency is Insight Investigations Inc., P.O. 891571, Temecula, CA 92589 Ph. 909.699.4787

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Employer may now, or at any time while I am employed, obtain any of the following: a physical examination by a designated professional; my urine specimen to be tested for the presence of drugs or alcohol; any criminal or civil court records pertaining to me from any federal, state or local court or justice agency in any state or country; interview my previous employers or other sources for my work history; contact my personal references; verify my education, professional licenses, professional liability insurance, credit history, and/or motor vehicle driving records, administer tests of skills, or other job-related matters; and/or obtain any other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility, in accordance with the employment policies of the Employer.

I authorize Insight Investigations Inc. ("Insight") and any of its associates, to conduct this investigation as the authorized agent of the Employer, and to disclose orally and in writing the results of this verification process to the Employer.

I have read and understand this release and consent, and I authorize the background verification. I authorize all persons, employers, schools, courts, agencies and institutions to provide Insight with all information that may be requested, and I hereby release all persons and organizations providing such information from any and all claims and damages connected with the release of any requested information. I agree that any copy hereof is as valid as the original.

I do hereby agree to forever release and discharge the Employer, and/or its agent, Insight, and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, and/or other charge or complaint arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and the nature and scope of the investigative report.

I understand that an offer of employment is contingent upon the outcome of my background check, and that this application authorization and consent for release of information is not an offer of employment by Employer or a contract for employment with Employer.

APPLICANT:

<div></div>			<div></div>	
Name (Typed or printed)			Social Security Number	
<div></div>			<div></div>	
Address			Driver's License Number	State
<div></div>			<div></div>	
City	State	Zip	Date of Birth	
<div></div>			<div></div>	
Signature			Date Signed	

☐ Check here to receive a copy of the background screening report



AGREEMENT STATEMENT:

A customer's medical care is confidential. A customer's medical record is a confidential, legal document, and as such is to be treated as confidential and protected for the benefit of the customer. Information is not to be discussed outside of the work situation. The mere fact that a customer is here is confidential information. Our customers must have absolute confidentiality of their personal and medical information.

All staff of EPMC has a right to privacy regarding their personal affairs.

These confidentiality requirements are a firm policy of the Estes Park Medical Center campus. These confidentiality requirements are also rights accorded to patients and residents by Colorado law.

SECURITY AND CONFIDENTIALITY AGREEMENT

As an employee of Estes Park Medical Center (hereinafter "the Provider") and as a condition of my employment, I agree to the following:

1. I understand that I am responsible for complying with the HIPAA policies, which were provided to me.
2. I will treat all information received in the course of my employment with the Provider, which relates to the patients of the Provider as confidential and privileged information.
3. I will not access patient information unless I have a need to know this information in order to perform my job.
4. I will not disclose information regarding the Provider patients to any person or entity, other than as necessary to perform my job, and as permitted under the Provider's HIPAA policies.
5. I will not log on to any of the Provider's computer systems that currently exist or may exist in the future using a password other than my own.
6. I will safeguard my computer password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my name badge.

7. I will not allow anyone, including other employees, to use my password to log on to the computer.
8. I will log off of the computer as soon as I have finished using it.
9. I will not use email to transmit patient information unless I am instructed to do so by the Privacy Officer.
10. I will not take patient information from the premises of the Provider in paper or electronic form without first receiving permission from the Privacy Officer.
11. I understand that I will be subject to the Provider's Corrective Action procedure if I do not adhere to the policies as stated in this agreement.
12. Upon cessation of my employment with the Provider, I agree to continue to maintain the confidentiality of any information I learned while an employee and agree to turn over any keys, access cards or any other device that would provide access to the Provider or its information.

I have read the Confidentiality and Security Policy and the Confidentiality and Security Agreement. I understand and I actively support and will uphold the concept of confidentiality. I will not discuss patient or resident (client) care or other staff member's personal affairs with anyone outside the EPMC campus.

As an employee of EPMC, I understand that it is my obligation to follow this policy.

I understand that failure to adhere to this agreement may result in disciplinary action being taken up to and including possible, immediate discharge from employment.

Volunteer Signature

Date

Print Name

Department



May 12th 2014

To Whom It May Concern,

Estes Park Medical Center honors all State and Federal regulations regarding required vaccinations of its employees including contract employees and volunteers. At the time of this writing those requirements include being vaccinated or showing proof of immunity to Measles, Mumps, Rubella, and Varicella (Chicken Pox). If an employee will be working in an occupation or area where there is a threat of potential exposure to blood or body fluids then Hepatitis B will be added to the list of required vaccines. During the months of September through March (unless otherwise specified by the Employee Health Nurse) the influenza vaccine will also be required of all workers.

During their initial orientation all employees are required to bring their immunization records to the Human Resources Department or the Employee Health Nurse for review. Alternatively, any employee can undergo a blood draw from which blood levels for the above vaccines will be reviewed for immunity. This lab work is free of charge to new employees.

Lastly, all new employees must furnish proof of being tuberculosis free which may take the form of the traditional PPD skin test or the newer blood draw form such as a T-Spot test. This proof must be within one year of their employment at Estes Park Medical Center. If such proof cannot be provided then Estes Park Medical Center will provide that testing in the form of a T-Spot free of charge to the employee.

For questions or concerns please see the Employee Health Nurse.

Thank you,

Jack Koed RN, BSN
Estes Park Medical Center
Infection Prevention/Employee Health
970-586-2317 Ext. 4243



Media Consent Form

I, _____ hereby consent to be:

(please check all that apply:

- | | |
|--------------------------|--------------|
| <input type="checkbox"/> | Photographed |
| <input type="checkbox"/> | Video taped |
| <input type="checkbox"/> | Audio taped |
| <input type="checkbox"/> | Interviewed |

for the purpose of promoting and/or educating other agencies, the general public, board members, staff, and volunteers about the EPMC Foundation.

I understand that I, _____ may be seen and/or clearly identified to the general public as a volunteer of the EPMC Foundation.

Print Name: _____

Signature:

Date: _____



MANDATORY VEHICLE PARKING REGISTRATION

PLEASE PRINT LEGIBLY

DEPARTMENT _____ WORK PHONE/EXT. _____

PRINTED NAME (Last, First, MI) _____

Vehicle Make (Chevy, Ford, etc.)	Vehicle Model (Lumina, Escort, etc.)	Vehicle Year	Vehicle Color	License Plate #

I understand that as a condition of employment it is my responsibility to follow any and all parking guidelines of the Estes Park Medical Center and register all vehicles that I may be parking on any EPMC property. I also understand that it is my responsibility to post the EPMC parking placard in each vehicle that is registered, per the parking guidelines. Failure to adhere to vehicle registration and parking guidelines will result in disciplinary action being taken.

Signature

Date _____