

PERSONAL or PROFESSIONAL REFERENCES

Name:

Address:

City:

State:

Zip:

Phone:

Name:

Address:

City:

State:

Zip:

Phone:

AVAILABILITY

Days Preferred:

Hours Preferred:

Date available to begin volunteering:

Reasons for volunteering:

Skills (Please list any skills you are willing to share with RML. For example, reading to patients, public speaking, graphic design, office work, visiting with patients, etc.)

BACKGROUND CHECK/HISTORY

I consent to and understand that a background check and a drug test will be performed and a TB skin testing administered by RML Specialty Hospital's Employee Health Nurse. Yes No

Have you ever been convicted of or pleaded guilty or nolo contendere to a misdemeanor or felony (other than a traffic violation)? You may answer "no" if the record of conviction has been sealed, expunged, impounded, pardoned, or annulled by a court of law or statute. Yes No

If yes, please describe and give date and location (county/state):

Have you ever had civil complaints against you regarding child, elder, or patient abuse? Yes No

If yes, please describe and give date and location (county/state):

Have you ever had civil or administrative actions taken against you by any governmental agency or private party for healthcare related offenses? Yes No

If yes, please describe and give date and location (county/state):

ACKNOWLEDGEMENT

I understand that RML Specialty Hospital is a smoke-free campus and has policies and procedures governing such and I agree to abide by these policies. Yes No

AGREEMENT (RML use only.)

At your personal interview, you will be asked to confirm the information provided and sign a copy of this application.

The information submitted in this application is accurate to the best of my knowledge.

Applicant Signature: _____

Printed Name: _____

Date: _____

If volunteer is a minor:

Parent's Signature: _____

Printed Name: _____

Date: _____

RML Representative Signature: _____

Printed Name: _____

Date: _____