



# ESTES PARK HEALTH

**Thank you for your interest in volunteering for Estes Park Health.**

The mission of Estes Park Health 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 Health**

**Human Resources Department**

**555 Prospect Avenue**

**Estes Park, Colorado 80517**

**If you have questions please call:**

**Human Resources at 970-577-4458**

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.



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<b>For HR use only:</b> Received: _____ By: _____ Notes: _____
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## VOLUNTEER APPLICATION

(See Applicant Instructions on Cover Sheet)

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How did you hear about EPH? \_\_\_\_\_

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 employment. 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 employment, terminating employment. 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 employment. Additional testing of job-related skills may be required prior to employment. After an offer of employment, 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  Pool

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.



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## 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 History

Please note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or look up online if necessary.

FOR EMPLOYERS OUTSIDE THE US, A CURRENT FAX NUMBER IS MANDATORY.

<b>Most Recent Employer</b>	<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	
_____	_____	_____	

<b>Second Most Recent Employer</b>			Phone: (    ) -
			FAX: (    ) -
Company Name	City	State	
_____ to _____	_____	_____	
Dates Employed	Job Title	Supervisor Name	
_____	_____	_____	
Duties			
_____ PER _____			
Salary	(hour, week, month)	Reason for Leaving	
_____	_____	_____	

<b>Third Most Recent Employer</b>			Phone: (    ) -
			FAX: (    ) -
Company Name	City	State	
_____ to _____	_____	_____	
Dates Employed	Job Title	Supervisor Name	
_____	_____	_____	
Duties			
_____ PER _____			
Salary	(hour, week, month)	Reason for Leaving	
_____	_____	_____	



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## 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. 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. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Applicant Signature

Date

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**PLEASE READ CAREFULLY**



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## APPLICATION AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application with Estes Park Health ("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:

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

Check here to receive a copy of the background screening report