



ESTES PARK MEDICAL CENTER

## **VOLUNTEER APPLICATION**

**Thank you for your interest in Estes Park Medical Center.**

**PLEASE NOTE:**

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.

## **VOLUNTEER APPLICATION**

Return the completed application to:

Estes Park Medical Center  
Human Resources Department  
555 Prospect Avenue  
Estes Park, Colorado 80517  
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.

If you have questions, please call:  
Human Resources at 970-577-4458.

## **VOLUNTEER APPLICATION**



**ESTES PARK MEDICAL CENTER**  
 555 Prospect Ave., Estes Park, CO 80517  
 Human Resources: 970-577-4458

<b>For HR use only:</b> Received: _____ By: _____ Notes: _____ _____ _____
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**SEE APPLICANT INSTRUCTIONS ON COVER SHEET.**

**VOLUNTEER APPLICATION**

POSITION APPLIED FOR \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

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

LAST, FIRST, M \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CURRENT STREET ADDRESS \_\_\_\_\_  
 Street

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

CURRENT MAILING ADDRESS (If different than street address) \_\_\_\_\_

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  Labor pool  
 For which schedules are you available? \*  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other \_\_\_\_\_  
 \*reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States)

**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.
- Yes  No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, and nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1)		
2)		

**COMMENTS**

(ASK FOR ADDITIONAL PAGE IF NECESSARY) \_\_\_\_\_

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 call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, may we contact?	PHONE (   )   . FAX (   )   .
COMPANY NAME _____	CITY _____	STATE _____	
FROM _____ TO _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
SALARY _____ PER _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____			

  

<b>SECOND MOST RECENT EMPLOYER</b>			PHONE (   )   . FAX (   )   .
COMPANY NAME _____	CITY _____	STATE _____	
FROM _____ TO _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
SALARY _____ PER _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____			

  

<b>THIRD MOST RECENT EMPLOYER</b>			PHONE (   )   . FAX (   )   .
COMPANY NAME _____	CITY _____	STATE _____	
FROM _____ TO _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
SALARY _____ PER _____ (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 AND LAST)	CITY/STATE	PHONE NUMBER / CELL PHONE	RELATIONSHIP	YEARS KNOWN
1)				
2)				

**EDUCATION**

NOTE: Do not fill out any part of this section you believe to be non-job related. Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your 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 its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, 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 \_\_\_\_\_

In connection with my application for employment (including contract for services) or at any time during my employment or contract, I agree to allow and hereby authorize EPMC [Employer] to procure and Tandem Select to compile a consumer report or investigative consumer report on me. This report may include information as to my character, general reputation, mode of living, criminal history, military service, education, academic credentials, qualifications, employment history (including job performance, experience, work habits and reason for termination), personal characteristics, credit, and motor vehicle driving record. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which I am applying. This report may contain information from various public and private sources, including without limitation, corporations, courts and law enforcement agencies at the federal, state or local level, courts record repositories, credit bureaus, departments of motor vehicles, past or present employers, educational institutions, governmental licensing or registration entities, the military, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about me, and disclosure regarding the nature and scope of the investigative consumer report.

I understand that this report is subject to a federal law, The Fair Credit Reporting Act (FCRA). According to the FCRA, I am entitled to know if employment is denied because of information contained in a consumer report and if employment is denied, I will be notified and provided with the name and address of the consumer-reporting agency (also indicated below).

**NEW YORK & MAINE applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**NEW YORK applicants or employees only:** Upon request, you will be informed whether or not a consumer report was requested by [Employer], and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you acknowledge receipt of Article 23-A of the NY Correction Law.

**OREGON applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records will be provided upon request.

**WASHINGTON STATE applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. By signing below, I agree to allow and hereby authorize, empower and release from all liability, without reservation, any party, person or agency including, without limitation, present and former employers, credit bureaus, educational institutions, corporations, courts and law enforcement agencies at the federal, state or local level, courts record repositories, departments of motor vehicles, educational institutions, the military and licensing or registration entities, contacted by Tandem Select to release information about me, including, without limitation, any of the information described above. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

- CALIFORNIA applicants or employees only:** By completing this form, you acknowledge receipt of the Notice regarding background investigation pursuant to California law (CA Civil Code Section 1786.22). Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.
- MINNESOTA or OKLAHOMA applicants or employees only:** By checking this box, you disclose you are a resident of MN or OK and would like to receive a copy of your consumer report if one is obtained by the Company.
- NEW YORK Applicants:** If you are applying with a company located in New York, check this box to acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

**PLEASE PRINT**

Last Name	First Name	Middle Initial		
Other Name(s) Used (attach additional sheet(s) if necessary)	Date(s) You Stopped Using Other Name(s)			
Current Street Address	City	State	County	Zip
Phone #	Email address	Date of Birth*	Social Security Number	
Current Driver's License Number	State of Issue	Exp. Date	Applicant's Signature	
			Today's Date	

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination in employment based on age.

These reports will be compiled by: **Tandem Select, 113 S. College Avenue, Fort Collins, CO 80524 or (800) 350-7941.** Questions as to the validity of this authorization may be directed to Tandem Select.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not

then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

<b>The FCRA gives several different federal agencies authority to enforce the FCRA:</b>	
<b>For Questions or Concerns Regarding:</b> CRAs, creditors and others not listed below:	<b>Please Contact:</b> Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20560 202-326-3761
National banks, federal branches / agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Controller of the Currency/Compliance Management Mail Stop 6-E Washington, DC 20219 800-615-8743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Consumer and Community Affairs Washington, DC 20551 202-452-2653
Savings associations and federally chartered savings banks (word "Federal" or initials, "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-8929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Admin. 1775 Duke Street Alexandria, VA 22314 703-518-8380
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corp. Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20560 202-368-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-726-7051