



**Harlingen** – Thank you for your interest in the Harlingen Medical Center Volunteer Services program. Your role will be critical in fulfilling the mission of our Hospital.

Enclosed please find the necessary paperwork required, including the volunteer services application, in order to process your interest in supporting our program. Please complete and bring all signed documentation, and vaccination records, to the Harlingen Medical Center Human Resources Department (956-365-1004).

All applicants must submit to, and clear, the following:

1. Volunteer Services Application
2. Background Screening
3. Drug Screening
4. HMC Employee Health (Vaccinations)

Once you have cleared the aforementioned and cleared with the Hospital's Human Resources Department and Education Department, then you must complete a New Volunteer Orientation (you will be notified of date and time). You will then be assigned an area of service and schedule.

Please do not hesitate to contact the Volunteer Services Department at (956) 365-1888 or (956) 365-1848, should you have questions regarding the program or process.

Thank you for choosing Harlingen Medical Center for your Volunteer Service!



## Application for Volunteer Services

All applicants must complete this application in full. **Please print clearly.** This application is void after sixty days; the applicant must re-apply after that time.

### Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Have you ever been convicted, entered a plea of no contest or entered into deferred prosecution for any offense, including but not limited to alcohol or drug related offenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please describe the number of conviction(s), plea(s), deferred prosecution(s), the sentence(s) or community service imposed. This information will be considered together with the position sought, work environment and work-related factors in the hiring decision.*

\_\_\_\_\_  
\_\_\_\_\_

Do you have reliable means of transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any foreign language(s) skills and describe your skill level (read, write and/or speak):

\_\_\_\_\_  
\_\_\_\_\_

List any previous volunteer work or applicable skills:

\_\_\_\_\_  
\_\_\_\_\_

List any area of interest for volunteer work:

\_\_\_\_\_

I understand that there is ***no financial reimbursement*** for the duties I am to perform as a volunteer at Harlingen Medical Center. I understand further, that I am expected to fulfill all obligations of my orientation before I can begin volunteering (orientation, drug testing, medical health evaluation and competency testing).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HMC Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list three personal / professional references:

Reference Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship to applicant:            Supervisor            Co-worker            Family Friend            Other

Reference Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship to applicant:            Supervisor            Co-worker            Family Friend            Other

Reference Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship to applicant:            Supervisor            Co-worker            Family Friend            Other



## Disclosure and Consent to Request Consumer Report Information

I understand that as part of the employment procedure, the Company may request a consumer report and/or a credit report from a consumer reporting agency at any time. The consumer reporting agency's investigation may include obtaining information about my credit, criminal, academic or motor vehicle records background consistent with federal and state law.

I also understand that before I am denied employment based, in whole or part, on information contained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I further understand that if I disagree with the accuracy of any information in the report, I must notify the Company within two days of my receipt of the report to inform the Company that I am challenging information in the report. The company will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

***Please include the past seven years of addresses; you may write on the back if necessary.***

|   |                     |  |
|---|---------------------|--|
| Your Last Name, First Name, M.I. (please print) | Social Security No. | Date of Birth (For Consumer Report Information Only) |
|---|---------------------|--|

|   |
|---|
| Other Last Name(s) You Used While Working |
|---|

|                      |        |                          |
|----------------------|--------|--------------------------|
| Current Home Address | County | Years at Current Address |
|----------------------|--------|--------------------------|

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

|                    |        |                  |
|--------------------|--------|------------------|
| Prior Home Address | County | Years at Address |
|--------------------|--------|------------------|

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

|                    |        |                  |
|--------------------|--------|------------------|
| Prior Home Address | County | Years at Address |
|--------------------|--------|------------------|

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

|                    |        |                  |
|--------------------|--------|------------------|
| Prior Home Address | County | Years at Address |
|--------------------|--------|------------------|

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

### Education

|   | Name of Institution | City/State | Completed  | Diploma | Date Completed (for education verification purposes only) |
|---|---------------------|------------|--|---------|---|
| High School/GED (Please specify if GED) |                     |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |   |

|                       |
|-----------------------|
| Name Graduated Under: |
|-----------------------|

|         |  |  |  |  |  |
|---------|--|--|--|--|--|
| College |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
|---------|--|--|--|--|--|

|                       |
|-----------------------|
| Name Graduated Under: |
|-----------------------|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Graduate School, Business School, or Other School |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
|---|--|--|--|--|--|

|                       |
|-----------------------|
| Name Graduated Under: |
|-----------------------|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <i>I hereby authorize the Company to procure a consumer report on my criminal background only.</i> |  |  |  |  |  |
|--|--|--|--|--|--|

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <i>* I hereby authorize the Company to procure a credit report and consumer report on my criminal background.</i> |  |  |  |  |  |
|---|--|--|--|--|--|

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

\* Required for the following positions: Accounting Clerk, Business Office Clerk, Cashier, Day Patient Registration Clerk, ER Registration Clerk, Financial Accountant, Financial Analyst, Financial Accounting Assistant, Patient Account Specialist, President, Team Leader Accounting, Team Leader Business Office, Chief Financial Officer, Lead Patient Registration Specialist, any position that interacts with cash or influences accounting.



**Harlingen Medical Center  
Drug Free Workplace Policy  
Acknowledgment and Consent Form**

I acknowledge that I have received and read a copy of the Company's **Drug Free Workplace Policy** and I agree to abide by its terms. I understand and agree that if I receive a conditional offer of employment, I will be required, as a condition of employment, to submit to a pre-employment drug test and that I must receive a negative result.

In addition, if employed by the Company, I understand and agree that I must comply with this policy as a condition of continued employment, including satisfactorily completing any required drug or alcohol tests pursuant to the policy.

The policy describes the method for selecting applicants and employees to be tested and notifies applicants and employees of the consequences of testing positive or refusing to take any required test. The testing procedures allow as much privacy and dignity as possible.

I consent to a pre-employment drug test, including the urine sample collection. I authorize any physician, medical facility, or other agent retained by the Company to collect samples as required and to provide test results and evaluations to the Program Manager (or a designated Company representative). I understand that if I receive a positive pre-employment drug test result, or if I refuse to submit to the drug test, I will be ineligible for employment with the Company.

Further, if employed by the Company, I consent to any drug test required pursuant to the Company's policy and certify that the specimen to be provided will be my urine. When required to submit to an alcohol test pursuant to the Company's policy, I consent to the alcohol test and certify that the specimen(s) to be provided will be my saliva or breath. I authorize any physician, screening test technician, breath alcohol technician, medical facility, or other agent retained by the Company to collect samples as required and to provide test results and evaluations to the Program Manager (or a designated Company representative). I understand that if I receive a positive drug or alcohol test result(s), I will be subject to corrective action, up to and including immediate termination of employment. I understand that if I refuse to submit to the drug or alcohol test(s), I will be subject to immediate termination. I also understand that any other violation of the Company's policy will result in corrective action, up to and including termination.

I recognize and agree that the Company may exercise its right without prior warning or notice to conduct inspections of its property (including but not limited to files, lockers, desks, equipment and vehicles), and in accordance with the Company's policy, any personal property when the Company has reasonable suspicion to believe that the employee may have or has violated the Company's drug free workplace policy. I understand that if the results of these inspections indicate that I have violated the Company's rules on drugs or alcohol, I will be subject to corrective action, up to and including termination of employment.

I understand the above conditions and agree to comply with them.

I have read and have had the opportunity to ask questions about the above-described policy and testing procedures.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*To be signed at time of receipt of Drug Free Workplace and Drug Testing Policy  
and **prior** to testing.*