



OKLAHOMA HEART HOSPITAL

Return to:
4050 W. Memorial Road
Oklahoma City, OK 73120
(405) 608-3304
(405) 608-1490 (Fax)

Application for Volunteer Auxiliary

PERSONAL

Last Name		First	Middle	Social Security Number	
Home Address - Street		City & State		Zip Code	Phone Number ()
Mailing Address - Street		City & State		Zip Code	Phone Number ()
E-Mail Address					

Are you eligible to work in the U.S.? Yes No Proof of eligibility will be required before you can be employed.

EMERGENCY CONTACT INFORMATION

Name	Address	Home Phone
Cell Phone	Work Phone	Home Phone

PREVIOUS EXPERIENCE AS A VOLUNTEER (WORK EXPERIENCE)

DAYS OF WEEK YOU PREFER TO VOLUNTEER

Desired Shift No Preference Weekends
 Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri. _____ Sat. _____

How many days of the week do you want to volunteer: _____

How did you hear of the program? _____

TIME OF DAY YOU PREFER TO VOLUNTEER

No Preference Morning Afternoon Evening All Day

Final Statement and Signature

Certification of Accuracy and Completeness. I certify that all of the information provided in this application is true and complete to the best of my knowledge. I acknowledge that I may be required to verify information prior to appointment and that any omitted, false or misleading information may disqualify me from employment consideration and may be grounds for termination from employment.

Background Disclosure and Check. I understand that I must fill out an Oklahoma Background Information Disclosure (BID) form and that a background check will be performed as required by state law. The BID form is considered part of this application. I understand that I will not be employed or will be removed from employment if the employer discovers certain crimes or offenses. Although a conviction may not be an absolute bar to employment, I understand I may not be employed, or may be removed from employment, if the employer discovers certain crimes or other offenses for which I am responsible.

Other Requirements. I understand that any offer of employment is contingent upon the successful completion of a pre-employment physical. I understand that I must complete New Employee Orientation and may be required to submit to drug and/or alcohol screening. Federal law requires OHH to verify the identity and work authorization of each successful candidate. Any offer of employment is contingent upon this verification.

Confidentiality. I understand that OHH employees may have access to confidential patient information in the course of their duties. I promise to maintain the confidentiality of patient information and understand that unauthorized access to such information or release of such information will result in discipline that can include termination.

Employment-At-Will. I understand that employment with OHH is “at will” and either I or OHH may discontinue employment at any time, with or without notice, for any or no reason.

Applicant Signature

Date

Thank you for your interest in Volunteering at the Oklahoma Heart Hospital.