

Serious Communicable Diseases Unit Nurse Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
Work Phone	
E-Mail Address	
Home Unit & Hospital	
Unit Director/Supervisor	
PLAN Position/Role	
Credentials/Certifications	
Degree(s)	
Employee Number	

On-Call Availability

During which hours are you available for on-call shifts?

- Weekday days Weekend days
 Weekday nights Weekend nights

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that make you qualified to be part of the Serious Communicable Diseases Unit.

Previous Work Experience

Summarize your previous healthcare work experience.

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Eligibility

Is there any reason why you would not be eligible to be part of the Serious Communicable Diseases Unit team? Do you have any disciplinary actions in your home unit?

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Relationship to self	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Individuals who are immunosuppressed or are taking immunosuppression medications may not be eligible to work in the Serious Communicable Diseases Unit. Occupational Injury Management (OIM) will make that determination upon your initial health assessment. You will also be asked to

demonstrate the ability to safely don and doff unit PPE before you can work in the unit. This determination will occur after you have been cleared by OIM.

Thank you for completing this application form and for your interest in volunteering with us.

Please send your completed application to Josia Mamora at josia.mamora@emoryhealthcare.org.