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| Serious Communicable Diseases Unit Nurse Application | \\euh\ehc\users\cns788\home\Projects\Templates\euh-color.png |

## 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.

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## 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.