DIVERSUS HEALTH

665 Southpointe Ct. Ste. 250, Colorado Springs, CO 80906
(719) 572-6100 (719) 572-6129 FAX

Volunteer/Internship Application

Each question should be fully and accurately answered. **Action may not be taken on this application until all questions have been answered.** Use blank paper if you do not have enough room on this application. Please fill out all sections and electronically sign and date your name at the bottom of the application.

Area/Program of Interest: _____

Are you seeking: Clinical Internship ❑ Volunteer ❑ Preceptorship ❑

Date Available: _____ Days/Hours Available: _____

Length of Service Anticipated & Total # Hours Required:

_____

_____

Last Name First Name Middle Name

_____

Present Street Address City State Zip Code

_____

Email Address Telephone Number

FOR OFFICE USE ONLY: APPLICANTS DO NOT COMPLETE

Site: _____

Preceptor:_____

School: _____

Type of internship:

Pre-Doctoral*_____ Adv Practice RN/PMHNP_____ RN_____
Medical Immersion_____ MA/MSW*_____ Medical Longitudinal_____
Other_____ **(*NEO attendance required)**

Comments:

Start Date: _____ **End Date:** _____

GENERAL

1. Have you ever been convicted of any criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer "yes" if you have entered into a plea agreement, including a deferred prosecution or deferred judgment or sentence arrangement, in connection with a criminal charge.
   Yes ❑ No ❑
2. Have you ever been the subject of an investigation or allegation of, or civil lawsuit concerning, sexual misconduct, sexual harassment, or an accident, mishap or alleged negligence involving children?
   Yes ❑ No ❑
3. Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record? .....Yes ❑ No ❑
4. Have you ever been fired from a job or asked to resign? .....Yes ❑ No ❑
5. Have you previously applied for employment or a volunteer position with Diversus Health? Yes ❑ No ❑
6. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry or similar organization or agency regarding abuse or misconduct? If so, please provide a description of the circumstances, and the name and address of the entity receiving the report. .....Yes ❑ No ❑
7. Have you ever been disciplined or dismissed from employment or a volunteer position, following an allegation of sexual misconduct, sexual harassment, or other immoral or inappropriate behavior or conduct? If so, please describe the circumstances and provide the name and address of the employer or volunteer organization. Yes ❑ No ❑

If you have answered **"yes"** to any of the above questions, please attach a statement or explanation, including nature of offense, date, court where conviction was entered, and any other relevant information. (A conviction record will not automatically be a bar to acceptance, and factors such as your age at the time of the crime, seriousness and nature of the violation, and subsequent rehabilitation will be taken into account.) **You need not disclose criminal convictions that are contained in sealed or expunged records.**

EDUCATION

Name, Address and Location of High School (or date GED completed): | Highest Grade Completed | Did You Graduate | Date of Graduation

N/A

College or University: _____

College Major: _____

Degree: _____

College or University: _____

College Major: _____

Degree: _____

Additional Educational and/or Vocational or Technical Training Information: | Courses Taken | Date of Graduation

School:

School:

LICENSES/CERTIFICATION

Professional Licenses

Licenses or Certificates Awarded: _____ License No: _____

Date Awarded: _____ Expiration Date: _____

Are you currently or have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide child care or similar services? _____

Driver's License

Would you be willing to drive in connection with the position(s) for which you are applying? ..... Yes ❑ No ❑

If yes, do you have a valid driver's license and current automobile insurance? Yes ❑ No ❑
(You may be required to provide proof of both)

Have you had an accident or received a moving violation in the past three (3) years? ..... Yes ❑ No ❑

Has your driver's license ever been suspended or revoked? ....Yes ❑ No ❑

If yes, please explain why: _____

SPECIAL SKILLS

List any business machines or equipment with which you have experience operating: _____

Do you type? ..... Yes ❑ No ❑ Words per minute: _____

Do you have any other special skills or training?

WORK HISTORY

(INCLUDING VOLUNTEER WORK)

All applicants must complete this section. A resume may not be substituted. List names of **all** employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and business references. **PLEASE GIVE MONTH AND YEAR. Explain any work history gaps in excess of six months.**

May we contact your present and previous employers? Yes ☐ No ☐

Name of Most Recent Employer: ______________________
Address: ______________________
City, State, Zip Code: ______________________
Telephone: ______________________
Name of Last Supervisor: ______________________
Title: ______________________
Duties: ______________________
____
Employed From: ______________ (Mo/Yr) To: ______________ (Mo/Yr)
Reason for Leaving: ______________________

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Reason for Leaving: ______________________

WORK HISTORY (*continued*)

(INCLUDING VOLUNTEER WORK)

All applicants <u>must</u> complete this section. A resume may not be substituted. List names of **<u>all</u>** employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and business references. **PLEASE GIVE MONTH AND YEAR. Explain any work history gaps in excess of six months.**

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Employed From: ______ (Mo/Yr) To: ______ (Mo/Yr)
Reason for Leaving: ______

Submit additional sheets to Human Resources if necessary

Please Read Before Signing the Volunteer/Intern Application

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I have not knowingly omitted or misrepresented any information requested on this application.

I understand that Diversus Health may conduct various background investigations concerning me through a private investigating agency or through its own staff. I further understand that these background investigations may include a criminal background check, and an examination of my driving record, prior employment records, and references. I authorize Diversus Health and any individual or agency employed by it to conduct criminal, prior employment and other background investigations as it may deem necessary and appropriate to evaluate any application.

In consideration of the receipt and evaluation of this application by Diversus Health, I hereby release Diversus Health and its agents, employees and representatives, and any individual, charity, youth organization, employer, and any other person or organization, including records custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of an investigation by Diversus Health of my background in connection with this application or release of information concerning me to Diversus Health.

I HAVE CAREFULLY READ THE FOREGOING ACKNOWLEDGEMENT/RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE OF MY OWN FREE ACT.

I, _____, do hereby certify that my electronic information and signature for the volunteer/internship program with Diversus Health is the legally binding equivalent of a traditional handwritten signature.

_____ _____

Date Applicant's Signature

Diversus Health reserves the right, in its discretion, to accept or reject the application of any person seeking to serve as a volunteer or intern. Diversus Health further reserves the right, in its discretion, to terminate its relationship with any volunteer or intern, at any time, with or without advance notice, and for any reason.

Please give a brief explanation as to why you want to volunteer/intern at Diversus Health:

Diversus Health
VOLUNTEER/INTERNSHIP APPLICATION

Use this sheet for statements of explanation

_____

Full Name

_____

_____

_____

_____

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Signature **Date**