

Volunteer Experience

List previous volunteer experience:

1. 2. 3.

Company Name: _____
Address: _____
Position: _____
Dates (From/To): _____
Supervisor: _____
Telephone: _____
Reason for leaving: _____

Employment History

List current or most recent employment first:

1. 2. 3.

Company Name: _____
Address: _____
Position: _____
Dates (From/To): _____
Supervisor: _____
Telephone: _____
Reason for leaving: _____

References

Please list three references that are not related to you. If possible, please list employees from an organization you have previously volunteered for:

1. 2. 3.

Name: _____
Address: _____
Relationship: _____
Telephone Number: _____

Additional Training and Skills

Please list three references that are not related to you. If possible, please list employees from an organization you have previously volunteered for:

Special Training: _____
Skills: _____
Education: High School _____ College _____
Other: _____

IHCRC Certification Record

I, _____, volunteer my service to IHCRC and understand that I am not employed by IHCRC. I also understand that by registering with the IHCRC Volunteer Program, I may choose the volunteer jobs referred to and I am under no obligation to accept any placement unless I choose to do so. The above application statements are true and complete to the best of my knowledge.

Signature of Volunteer

Date

IHCRC Use

Referral Department Date

1. _____
2. _____
3. _____

Placement Date

1. _____
2. _____
3. _____

(Job Description in File)

Please note, due to confidentiality reasons, we only allow non patients to volunteer at the main clinic. However, we utilize both patients and non patient volunteers at special events including the Restoring Harmony Pow Wow, Dance of the Two Moons and the Health Education & Wellness Summer Camps.



REQUEST FOR BACKGROUND CHECK

DATE _____ NAME _____ DOB _____

ADDRESS _____ PHONE # _____

CITY _____ STATE _____ ZIP CODE _____

RACE _____ SEX _____ SSN _____

PLACE OF BIRTH _____

DRIVER'S LICENSE # _____ STATE ISSUING LICENSE _____

OTHER NAMES USED _____

CITY & STATE OF PREVIOUS EMPLOYMENT _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

IF YES, WHEN _____ WHERE _____

NATURE OF OFFENSE _____

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? YES _____ NO _____

RELEASE STATEMENT

I _____ **HEREBY GRANT FULL PERMISSION TO INDIAN HEALTH CARE RESOURCE CENTER (IHCR) HCRC TO RUN A BACKGROUND CHECK ON ME FOR THE USE AND RELEASE OF INFORMATION AS NECESSARY FOR INVESTIGATION OF MY CRIMINAL RECORD FOR PRESENT AND/OR FUTURE EMPLOYMENT OF THE IHCR ACCORDING TO PUBLIC LAT 101-647, TITLE II & 226, NOVEMBER 29, 1990, 104, STAT. 4806.**

APPLICANT'S SIGNATURE



INDIAN HEALTH CARE

RESOURCE CENTER OF TULSA

CONFIDENTIALITY STATEMENT

Indian Health Care Resource Center requires all temporary, student, and intern personnel to sign the following confidentiality statement to protect the rights of patients.

I _____, understand and agree that in the performance of my duties at Indian Health Care Resource Center of Tulsa, I must hold medical information in confidence. I understand that any violation of our Confidentiality Policy will result in immediate removal and termination of my contract or assignment with IHCRC.

Date

Signature

Dress Code Policy

(Employees, AARP Enrollees,
Interns and Volunteers)



INDIAN HEALTH CARE
RESOURCE CENTER OF TULSA

You are expected to be clean and professionally groomed as a condition of your employment. All employees should dress in a conservative and professional manner that is consistent with the type of work which is being performed. Employees should use their own good judgment in choosing appropriate apparel, as long as the overall appearance is one of conservative good taste. Dress and personal hygiene should be neat in appearance at all times. Excessive perfumes and fragrances should be avoided.

Examples of clothing not considered to satisfy the IHCRC definition of conservative good taste include, but are not limited to:

- **Denim pants or jeans**
- **Warm-up suits**
- **Shorts**
- **Cropped pants that do not cover the entire knee**
- **Leggings and stretch pants**
- **Tank tops**
- **Excessively short skirts**
- **Backless sundresses**
- **Any clothing that is provocative or reveals shoulders, bare backs, midriffs, or excessive cleavage**
- **T-shirts and sweat shirts, with or without lettering, designs or slogans**
- **Shirts with logos (except approved IHCRC logo shirts)**
- **Flip-flop beach-type sandals**
- **Per AARP policies, open toe shoes**

Violations of the Dress Code Policy may result in have to clock out and go home to change your attire. Excessive violations and /or deliberate disregard for the Dress Code Policy is grounds for disciplinary action up to and including discharge. Body piercings and tattoos that are deemed obscene or a distraction to the work environment are strictly prohibited and should be covered at all times.

By signing below, I acknowledge I have read and understand the dress code outlined above: