



Malta House of Care – Waterbury, Inc.

P.O. Box 247

Middlebury, CT 06762

Phone/Fax: (203) 758-1037

Volunteer Nurse Application

Name: _____

Mailing Address: _____
Street Address *Apt.*

_____ *Town/City* *State* *Zip Code*

Phone (H): _____ Phone (C): _____

Phone (W): _____ Email: _____

Emergency Contact Information: _____
Name

_____ *Phone* _____ *Relationship*

Check one: RN LPN Years of experience: _____ License No.: _____

Expiration Date: _____ Other Language(s) Spoken: _____

Education and Degree: _____

Have you ever been named as a defendant in a malpractice case? Circle Yes or No
(If yes, please explain on the reverse side of this application)

Have you ever had any disciplinary actions on your nursing license? Circle Yes or No
If "Yes", please explain: _____

Describe any special skills or experience that you would like us to know: _____

Do you have any personal health problems that might affect your ability to perform any aspect of your profession? Yes No

If "Yes," please explain _____

Area(s) of expertise: _____

Preferred Work Day: Monday Tuesday Wednesday Thursday

Please mail the completed application to Malta House of Care-Waterbury, P.O. Box 247, Middlebury, CT 06762. Please include the following information:

1. Copy of your current State of Connecticut Nursing License
2. Copy of a government issued photo ID (Driver's License)
3. Signed Statement of Confidentiality
4. Signed Background check form

I agree to abide by the regulations, rules, policies and procedures of the Administration, Medical Director and Medical Advisory Committee, as well as any amendments added thereto.

I hereby declare that the above questions have been answered to the best of my ability and that I have not omitted any material facts.

Printed Name of Applicant

Signature of Applicant

Date



Malta House of Care - Waterbury, Inc.

P.O. Box 247

Middlebury, CT 06762

Phone/Fax: (203) 758-1037

MALTA HOUSE OF CARE – Waterbury, INC.
MALTA HOUSE OF CARE FOUNDATION, INC.

BACKGROUND CHECK

NOTIFICATION AND AUTHORIZATION

This is used to inform you that an investigative report is being obtained from a background investigation agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources. *Please keep in mind that our background check is limited to State Crime Files, Social Security Number Verification and National Sex Offender Registry. All authorization forms will be kept in the Office of the Director of Human Resources in a secured location.*

To Whom It May Concern:

I understand that an investigative report as described above may be obtained. All law enforcement agencies, State Police and courts are authorized to release to Mind Your Business, Inc. for the benefit of the Malta House of Care - Waterbury, Inc. and/or the Malta House of Care Foundation, Inc. and its entity that I serve all written information about me.

I give permission for a criminal background check to be conducted on me by Mind Your Business, Inc. for the benefit of the Malta House of Care - Waterbury, Inc. and/or the Malta House of Care Foundation, Inc. and its entity that I serve and hereby release all individuals, companies, corporations, and agencies, *public or private*, connected therewith from any and all liability associated with the proper dissemination of such information.

I have been given a copy of this form.

Print Name _____

Signature _____

Current Address _____

Date of Birth (for identification purposes only) _____

Social Security Number _____

If name changed (through marriage or otherwise) print former name here _____

Employee _____ Volunteer _____ Dated: _____



Malta House of Care - Waterbury, Inc.

P.O. Box 247

Middlebury, CT 06762

Phone/Fax: (203) 758-1037

Statement of Confidentiality

I _____, agree to keep confidential any and all information regarding our patients, visitors, management staff, members of the Board of Directors, and employees which may become known to me by reason of employment or volunteerism with Malta House of Care - Waterbury, Inc., or Malta House of Care Foundation, Inc.

I understand that violation of this agreement may be considered grounds for immediate dismissal.

Signature _____

Date _____