



APPLICATION FOR VOLUNTEER SERVICE

Last Name _____ First Name _____ Middle Initial (required) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email Address _____

Person to Notify in Case of Emergency _____ Relationship _____ Phone _____

Personal Physician _____ Phone _____

Employer or University Attending _____

Education/Skills _____

Foreign Languages Spoken _____

Special educations, skills, interests _____

Volunteer Experience _____

Reason for Volunteering _____

Name of personal reference (not related and over 25 yrs of age) _____ Phone Number: _____

Preference of day and time for volunteering M T W TH F S S Prefer Morning Afternoon Shirt Size ____

I agree to give regular and dependable service to Texas Health Presbyterian Hospital Flower Mound

Name _____ Signature _____ Date _____

After your application has been reviewed and results from other reports are received, an appointment will be arranged to pick up your volunteer shirt. All volunteers are requested to serve at least one year and a minimum of 4 hours weekly. The first six weeks of volunteering is considered a training and probationary period.

4400 Long Prairie Road, Flower Mound, TX 75028 469-322-7000

www.phfmtexas.com

VOLUNTEER HEALTH PROFILE

The following information is needed in case you become ill or are injured while on duty in the hospital as a volunteer. This information will be kept in highest confidence.

Name of Physician	Address	Telephone
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Do you have physical/emotional disabilities or health problems we need to be aware of? NO ___ YES ___

If yes, please explain _____

Please list medications you take routinely _____

Date of last tetanus shot _____ Do you wear contact lenses ____, hearing aid ____, have a cardiac pacemaker ___?

Please give any additional information we might need to know in case of an Emergency:

In case of emergency, whom may we contact?

Name	Relationship	Telephone
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Name	Relationship	Telephone
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In case you become ill or are injured while on duty as a volunteer, you will be taken to the Emergency Department and treated by a physician. If requested, we will notify your personal physician. In the case of a minor, parent or guardian will be called for permission for treatment.

Signature of Applicant	Date
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Signature of Parent or Guardian if Minor	Date
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TEXAS HEALTH PRESBYTERIAN HOSPITAL OF FLOWER MOUND SUBSTANCE ABUSE POLICY

1.0 STATEMENT OF PURPOSE

- 1.1 Texas Health Presbyterian Hospital of Flower Mound is firmly committed to providing a safe, healthy, productive and efficient work environment for our employees as well as our customers and the public in general. We have a vital interest in providing a safe, healthy and efficient working environment and in preventing accidents and injuries resulting from the misuse of alcohol or drugs. The unlawful or improper presence or use of drugs or alcohol in the workplace presents a danger to everyone. For these reasons, we have established the following substance abuse policy. Drug and alcohol testing is an integral part of our substance abuse policy. Compliance with this policy is required as a condition of employment or continued employment with Texas Health Presbyterian Hospital of Flower Mound.
- 1.2 This policy applies to all applicants, to all applicants conditionally hired pending the results of a pre-employment drug test and other background screens, and to all employees, including employees in managerial or supervisory positions
- 1.3 This policy is not a contract of employment. All worksite employees are employee's at-will unless otherwise set forth in a written contract. This policy does not alter the terms of any existing employment agreement. This means that employment can be terminated at any time either by the employee, or the Worksite Employer with or without cause and with or without notice. If an employee fails to comply with this policy, the employee will be subject to discipline, up to and including termination.

2.0 PROHIBITED CONDUCT

2.1 Prohibited Conduct Concerning alcohol And Drugs

The following conduct is prohibited:

- A. Reporting for work or remaining on duty after the employee has consumed alcohol or drugs in any amount that adversely affects the employee's job performance.
- B. Consuming alcohol at any time during an employee's workday.
 - (1) **Exception:** This prohibition does not include the authorized and reasonable consumption of alcohol by an employee of legal drinking age at functions or activities sponsored by Texas Health Presbyterian Hospital of Flower Mound.
- C. Engaging in any illegal or unauthorized use of a controlled substance.
 - (1) **Exception:** This prohibition does not apply to an employee's use of drug medications under the following circumstances:
 - a. The drug medication has been legally prescribed to the employee;
 - b. It is being used in accordance with prescription's guidelines; and
 - c. The employee has been advised that the medication's use will not adversely affect the health or safety of the employee or others in the workplace, including customers or visitors.
 - d. Consuming alcohol within the eight-hour period immediately following a work related accident or until the employee has submitted to a post-accident alcohol test, whichever occurs first.
 - e. Failing to stay in contact with Texas Health Presbyterian Hospital of Flower Mound while awaiting the results of a drug test.
 - f. Engaging in the unlawful or unauthorized manufacture, distribution, dispensation, solicitation, sale, purchase, transfer or possession of controlled substances or alcohol while at work, on Texas Health Presbyterian Hospital of Flower Mound premises, or while otherwise engaged in activities for or on behalf of Texas Health Presbyterian Hospital of Flower Mound. In addition, an employee's illegal

conduct involving drugs or alcohol during non-work times may also result in discipline, up to and including discharge.

- 2.2 **Refusal to Submit to a Test:** An applicant or employee who engages in any of the following conduct will be considered to have refused to submit to a test:
- A. Refusing to provide a sample, or an adequate amount without a legitimate medical explanation;
 - B. Refusing to complete any testing form required to conduct the test;
 - C. Refusing or failing to notify your Worksite Employer promptly that the employee was involved in a work-related accident without a valid excuse;
 - D. Refusing or failing to report promptly to the site where the drug test will be conducted after being notified that he or she must submit to the test;
 - E. Delaying the collection, testing or verification process;
 - F. Attempting to or adulterating or substituting a test sample;
 - G. Refusing to be escorted to or from the collection site; or
 - H. Otherwise engaging in conduct that clearly obstructs or manipulates, or attempts to obstruct or manipulate, the testing process.
- 2.3 **Prohibition on Employee Working:** An employee or an applicant conditionally hired pending the results of a pre-employment drug test, who has engaged in or is engaging in conduct prohibited under this policy shall not be permitted to work or continue to work under such circumstances.

3.0 REQUIRED TESTS

Except as otherwise provided in this policy, employees and applicants are required to submit to testing under the circumstances described below.

3.1 Pre-Employment Testing:

- A. All applicants to whom a conditional offer of employment has been given are required to submit to a pre-employment drug test and must receive a negative result as a condition of employment. Until the results of the pre-employment drug test are received by the Worksite Employer, all offers of employment are conditional offers even though an applicant may begin work. The employment of an applicant who begins to work prior to the receipt by the Worksite Employer of the test result will be subject to the receipt of a negative test result. An applicant with a positive test result will be removed from the worksite and will not be employed.

3.2 "For-Cause" Drug and Alcohol Testing

- A. An employee must submit to a drug and/or alcohol test whenever the Worksite Employer has reason to believe the employee has or may have used drugs or alcohol in violation of this policy.
- B. Except as state or local law may otherwise provide, a "for-cause" determination will be based on specific, current observations including but not limited to the employee's appearance, behavior, conduct, speech, or body odors. These observations may also include indications of employee's chronic use of, or the effects of withdrawal from, drugs or alcohol. The determination may be based on a single instance of conduct.
- C. All "for-cause" tests must be administered as soon as possible following the determination that testing is required.
- D. An employee who is required to submit to a "for-cause" test will be suspended pending the results of the drug and/or alcohol test. The Worksite Employer reserves the right to evaluate the employee's conduct that triggered the drug and/or alcohol test, to determine if the conduct in and of itself warrants discipline, up to and including termination.

3.3 Post-Accident Drug and Alcohol Testing:

- A. Whenever an employee causes or contributes to a "work-related accident" as defined below, and there is reason to believe that the employee's use of drugs or alcohol may have contributed to the accident, the employee will be required to submit to a drug or alcohol test.
 - (1) As used in this policy, "work-related accident" means an accident:

- a. Which occurs while the employee is on the premises of the Worksite Employer or at another worksite location, or is off-site while the employee is engaged in activities for or on behalf of the Worksite Employer, or while the employee is operating a vehicle, including the employee's, for or on behalf of the Worksite Employer; and
 - b. The accident results in death or bodily injury to any individual who as a result of the accident receives or requires medical treatment beyond first aid.
- B. All post-accident tests must be administered as soon as possible following the accident. Employees who are involved in a work-related accident must remain available at the worksite or the accident site unless medical treatment is required offsite for testing or will be considered to have refused to submit to a test. However, an employee who is involved in a work-related accident is not prohibited from leaving the scene of an accident for the period of time necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care for the employee or others who are injured as a result of the accident.
- C. An employee who is required to submit to a post-accident test will be suspended after the completion of the test pending the results or the drug and/or alcohol test. The Worksite Employer reserves the right to evaluate the employee's conduct that triggered the test, to determine if the conduct in and of itself warrants discipline, up to and including termination.

4.0 EMPLOYEE ASSISTANCE PROGRAM ("EAP") / VOLUNTARY

Disclosure to Avoid Test or Discipline

- 4.1 As part of our commitment to providing a safe, healthy and efficient working environment for our employees, United Healthcare offers an Employee Assistance Program ("EAP"). The EAP provides information concerning the effects and consequences of alcohol and drug use on an individual's health, work, and personal life and the signs and symptoms of an alcohol or drug problem. In addition, the EAP provides referral services to employees and their families seeking help with problems resulting from alcohol misuse and drug use. Participation in this program is voluntary and confidential.
- 4.2 Employees may not voluntarily identify themselves as having a drug or alcohol problem and request assistance for such problem to avoid taking a drug or alcohol test when required under this policy or to avoid being disciplined for receiving a positive test result or for refusing to submit to a test.

5.0 INSPECTIONS

- 5.1 **Inspections of the Worksite Employer's Property:** Unannounced inspections for the presence of illegal drugs or unauthorized alcohol in the Worksite Employer's facilities and property such as (but not limited to) vehicles, desks, file cabinets, and lockers may be conducted where there is reasonable suspicion to believe that the employee may have or has violated this policy. Employees are expected to cooperate in the conduct of such inspections.
- 5.2 **Inspections of the Employee's Property:** Personal inspections of employees and their personal property, such as (but not limited to) vehicles, clothing, packages, purses, brief cases, lunch boxes, or other containers brought onto or being taken off of the Worksite Employer's premises, may be conducted when there is reasonable suspicion to believe that the employee may have or has violated this policy.

6.0 CONSEQUENCES FOR POLICY VIOLATIONS

Applicants and Employees who violate this policy are subject to the following consequences:

- 6.1 **Refusal to Submit:** Although applicants and employees have a right to refuse to submit to a test, employees who refuse to submit to a test when requested will be terminated from employment; applicants will not be hired. Refer to section 2.2 of this policy for a description of the conduct which will be considered as a refusal to submit to a test.
- 6.2 **Positive Test Results:**
- A. Applicants: Any applicant who receives a confirmed positive drug test result will be ineligible for employment and may not reapply for one year.
 - B. Temporary suspension: Any employee who is required to submit to a "for-cause" or post-accident drug or alcohol test will be temporarily suspended pending the test results.

- C. Employees who test positive for the first time: An employee who receives a confirmed positive drug or a confirmed alcohol test 0.04 or greater for the first time will be suspended and be subject to further discipline, up to and including termination as follows:
- (1) The employee will be given an opportunity to sign and comply with a Last Chance Agreement. This agreement provides the employee with the opportunity to be evaluated for a drug or alcohol problem by the EAP and, if determined to be necessary by the evaluating substance abuse professional ("SAP"), to participate in a counseling, treatment or rehabilitation program, whichever is determined to be more appropriate by the SAP. Unless covered by the EAP, the cost for the evaluation and any counseling, treatment or rehabilitation will be paid at the employee's own expense. The employee may also be subject to return-to-duty and follow-up testing.
 - (2) An employee who tests positive for the first time will be terminated if the employee: (i) refuses to sign a Last Chance Agreement; (ii) refuses or fails to be evaluated by the EAP; (iii) refuses to participate in the counseling, treatment or rehabilitation program recommended by the EAP, or (iv) fails to successfully complete the program as evidenced by the employee's withdrawal from the program before its completion or by a positive test result during or after completion of the program.
- D. Employees who test positive a second time: Any employee who, after signing a Last Chance Agreement, receives a subsequent confirmed positive drug or an alcohol test result of 0.04 or greater, will be terminated from employment.
- 6.3 **Other Policy Violations:** An employee will be immediately removed and/or suspended from his or her job duties and will be subject to discipline, up to and including termination for other policy violations including but not limited to possession or sale of unlawful drugs or alcohol on the Worksite Employer's premise. In addition to the consequences imposed under this policy, an employee who unlawfully manufactures, distributes, possesses, or uses a controlled substance in may be subject to criminal fines and/or imprisonment under federal, state and or local law.
- 6.4 **Fitness - F o r-Duty Evaluation:** Whenever an employee is required to submit to a "for cause" or post-accident test and receives a positive test result caused by the employee's legal and authorized use of a controlled substance, the Worksite Employer may require the employee to submit to a fitness-for-duty evaluation. An employee who tests negative may also be required to submit to a fitness-for- duty evaluation. The evaluation may include a review of the employee's medical records and or a medical examination. Employees will be required to provide the necessary authorizations for obtaining the medical records and conducting the examination.
- 6.5 **Potential Forfeiture of Workers' Compensation and or Unemployment Compensation Benefits:** An employee's violation of this policy will be considered gross and willful misconduct. In addition to the discipline and other consequences imposed under this policy, such employee misconduct may also result is the denial of unemployment compensation benefits and forfeiture of workers' compensation benefits under the applicable state law.

7.0 TESTING PROCEDURES

- 7.1 The Drug and Alcohol Testing Procedures comply with the Federal Procedures for Transportation Workplace Drug and Alcohol Testing Program and state law.
- 7.2 Violation of the Drug and Alcohol Testing Procedures is considered a violation of this policy.

DRUG AND ALCOHOL TESTING PROCEDURES

(FOR TESTING CONDUCTED IN ALL STATES EXCEPT HAWAII, LOUISIANA, MAINE, MARYLAND, MINNESOTA, NORTH CAROLINA, NORTH DAKOTA, OKLAHOMA, VERMONT)

These procedures provide for the integrity, confidentiality and reliability of the testing process.

1.0 DRUG TESTING PROCEDURES FOR EMPLOYEES AND APPLICANTS

- A. Drugs being tested for: The drugs to be tested for include marijuana, opiates, amphetamines, cocaine, phencyclidine ("PCP") and their metabolites.
- B. Chain-of-custody and laboratories: Texas Health Presbyterian Hospital of Flower Mound has established a chain of custody procedure for drug sample collection and testing that will verify the identity of each urine sample and test result. All drug tests conducted pursuant to this policy will be performed by laboratories that are either certified

by the U.S. Department of Health and Human Services ("DHHS certified laboratory") or are otherwise required to be used under the applicable state law.

C. Confirmation and review of drug test results:

- (1) All positive drug test results will be confirmed by gas chromatography and mass spectrometry ("GC/MS"). All confirmed positive drug test results will be reviewed by a medical review officer ("MRO") to determine whether there is any legitimate explanation for the positive test result.
- (2) An employee's or applicant's use of prescription and over-the-counter medications may result in a positive test result. Employees and applicants will be given the opportunity to discuss with the MRO any legitimate explanation for the positive test result.
- (3) If an employee or applicant refuses or fails to make himself or herself available to speak with the MRO, the MRO may verify a test as positive without having communicated directly with the employee or applicant.

D. Right to have urine split-sample analyzed/No right to retest: All drug tests conducted will analyze a sample of the employee or applicant's urine, using the split-sample methodology. Employees and applicants whose primary sample is verified positive have the right to request that their split-sample be analyzed for the presence of the drug(s) for which a positive result was obtained in a different DHHS certified laboratory selected by Texas Health Presbyterian Hospital of Flower Mound. The employee or applicant must make this request within 72 hours of being notified by the MRO of a verified positive test result. If the split-sample reconfirms the presence of the drug(s) or drug metabolite(s), the MRO will notify Texas Health Presbyterian Hospital of Flower Mound and the employee or applicant that the test result was confirmed "positive." There is no right to a retest using a different specimen.

E. Altered or substituted urine samples: Procedures for collecting urine samples allow an individual privacy unless there is a reason to believe that a particular individual may alter or substitute the sample. In such cases, a sample may be obtained under the direct observation of a collection site person of the same gender as the employee or applicant.

F. Right to challenge/ right to provide more information to MRO: Within five (5) working days after receipt of a letter notifying the applicant/conditional hire/employee of a positive test result, the applicant/conditional hire/employee may provide the MRO with a written challenge, explanation or detail of any extenuating circumstances to take into consideration regarding the positive results. The applicant/conditional hire/employee may wish to provide additional information to the MRO relative to possible reasons for the laboratory findings, such as use of previously undisclosed prescription or over-the-counter medications

G. Right to challenge the results: If the applicant/conditional hire/employee wishes to challenge the laboratory results, it shall be the applicant/conditional hire/employee's responsibility (within 180 days of collection) to notify the testing laboratory.

2.0 ALCOHOL TESTING PROCEDURES FOR EMPLOYEES

- A. In general: Alcohol screening tests will be performed either by a screening test technician ("STT") using a non-evidential screening device which the STT is proficient to operate, or by a breath alcohol technician ("BAT") using an evidential breath testing device ("EBT") which the BAT is proficient to operate.
- B. Confirmation of alcohol test results: If the result of the screening test is an alcohol concentration of 0.04 or greater, a confirmation test will be performed. If the confirmation test result is an alcohol concentration level of 0.04 or greater, the test result will be reported as a positive.

3.0 ACCESS TO RECORDS AND CONFIDENTIALITY OF TEST

- A. An employee's or applicant's drug test or alcohol test results may be disclosed to: (1) the employee or applicant; (2) designated Worksite Employer representative; (3) a treatment program, substance abuse professional or Employee Assistance Program; (4) courts of law and administrative tribunals to the extent permitted or required by law; (5) as the employee or applicant may authorize.

4.0 NOTIFICATION OF TEST RESULTS AND TESTING EXPENSES

- A. Employees and applicants will be provided with a copy of their test results, upon request.

- B. The Worksite Employer will pay for all initial and confirmatory drug or alcohol test including a confirmation drug test performed on an employee or applicant's primary urine sample. Unless state law otherwise requires, employees and applicants must pay for the testing of their urine split-sample, but will be reimbursed if the test result is negative. Employees and applicants are responsible for the payment of all their tests.

5.0 PRESCRIPTION AND OVER-THE-COUNTER DRUGS WHICH MAY AFFECT DRUG SCREENING

ALCOHOL:	All liquid medications containing ethyl alcohol ("ethanol")
AMPHETAMINES:	Obetrol, Biphtamine, Desoxyn, Dexedrine, Didrex
BARBITURATES:	Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Foproceticet Esgic, Butisol, Butabarbital, Butabital, Phrenilin, Triad
BENZODIAZEPINES:	Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion
CANNABINOIDS:	Marinol ("Dronabinol, THC")
COCAINE:	Cocaine HCl topical solution ("Roxanne")
METHADONE:	Dolophine, Methadose
PROPOXYPHENE:	Darvocet, Darvon N, Dolene
OPIATES:	Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Emprin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine Expectorant, Dilaudid ("Hydromorphone") M-S Contin and Roxanol ("Morphine Sulfate"), Percodan, Vicodin, etc.

**TEXAS HEALTH PRESBYTERIAN HOSPITAL OF FLOWER MOUND
SUBSTANCE ABUSE POLICY**

RECEIPT AND CONSENT FORM

I acknowledge that I have received a copy of the Texas Health Presbyterian Hospital of Flower Mound Substance Abuse Policy and Summary of Procedures for Drug and Alcohol Testing ("Policy") on the date noted below. I acknowledge and agree that I am responsible for reading the Policy in full and complying with its requirements. If I am an employee, I understand that I will be subject to drug and alcohol testing as described in the Policy, including "for-cause", post-accident, return-to-duty and follow-up testing. I understand that if I test positive or if I refuse to be tested I will be subject to discipline up to and including termination in accordance with the terms of the Policy. I understand that as a condition of being hired by Texas Health Presbyterian Hospital of Flower Mound, I must submit to pre-employment drug testing and the test must be negative. I understand that if I test positive or if I refuse to be tested I will be ineligible for employment and may reapply after one year. If I start work before the result of my drug test is completed, my employment will be contingent on a negative pre-employment test result. I also understand that if I am hired I will be subject to drug and alcohol testing as described above. The Texas Health Presbyterian Hospital of Flower Mound Drug Free Workplace Administrator will answer any questions I may have regarding the Policy. My Worksite Employer will provide me with a toll-free number upon my request. I also understand that by signing this form I am giving Texas Health Presbyterian Hospital of Flower Mound my consent to submit to drug and alcohol testing under the terms and conditions described in this Policy. I authorize release of the testing results and evaluations to Texas Health Presbyterian Hospital of Flower Mound and understand that Texas Health Presbyterian Hospital of Flower Mound may use the results in any administrative proceeding where unemployment or workers compensation benefits are claimed by me. I release and hold harmless Texas Health Presbyterian Hospital of Flower Mound and their officers, agents and employees from any claim I may have against them resulting from my refusal to submit to a drug or alcohol test or from my submission to a drug or alcohol test. This Policy is not a contract of employment. If I am hired, my employment is at-will which means that my employment can be terminated either by me or Texas Health Presbyterian Hospital of Flower Mound at any time or with or without cause or notice.

Signature of Employee or Applicant: _____ Date: _____

Print Name: _____

Social Security Number: _____

Signature of Parent of Legal Guardian If a Minor: _____

Print Name: _____

Consent to Conduct Background Investigation

Name: _____
Date of Birth: _____
City/State/Zip: _____

Social Security Number: _____
Street Address: _____
County: _____

I authorize Texas Health Partners and its agents to investigate, now and during my employment, my past employment, education, and activities, and to request and receive any information concerning me, including but not limited to, criminal history, credit reports, and public records from any persons, entities, schools, companies, corporations, partnerships, associations, credit bureaus, state agencies, departments of labor, law enforcement agencies, licensing agencies, and from my previous employers. I further release, discharge, and hold harmless Texas Health Partners, its agents, any persons, law enforcement agencies, schools, or personal/business entities and their respective officers, directors, employees, representatives and agents of any kind from any and all claims, liability, damages and responsibility of whatever kind or nature, arising out of or in connection with any act or omission in any such investigation or compliance with this authorization and request to release information, or any attempt to comply with it. This paragraph applies to any negligence, sole negligence, comparative negligence, concurrent negligence, error, or omission.

I have voluntarily signed this release to assist in the evaluation of my employment qualifications. I agree that if any investigation at any time reveals that I provided false information to, or omitted information from Texas Health Partners, then disciplinary action may occur including termination of my consulting assignment and/or employment with Texas Health Partners, without liability. If a consumer report contains adverse information that may be relied upon in making an employment decision, you will be advised of the adverse information before an employment decision is made and given an opportunity to explain.

If you are denied employment because of a consumer report, you will be advised of that fact and the source of the consumer report.

This information will include the name, address, and telephone number of the consumer reporting agency (CRA) that furnished the report. Please note that the CRA does not make any adverse decision concerning employment and will not be able to provide any information regarding that decision. If you are denied employment, you have the right to obtain a free disclosure of the consumer's file from the CRA if you request it within 60 days. You have the right to learn from the CRA the nature of the substance of the information, the sources, and all other entities to whom the report has been sent for employment purposes for the last two years. You may demand reinvestigation of any item and may have your version of the facts placed in the report. You will be provided with a summary of your rights regarding consumer reports.

A consumer investigative report may be requested. You have the right to obtain a written description of the nature and scope of the consumer investigative report.

I understand that, like all other Texas Health Partners forms, this form does not alter the employment at will relationship. I may terminate my employment at any time without cause and Texas Health Partners retains the same right.

Employee Signature _____

Date _____