

Cleveland Clinic Lou Ruvo Center for Brain Health is an Equal Opportunity Employer, and as such prohibits discrimination due to race, religion, gender, age, national origin, and physical or mental handicaps. Completion does not guarantee placement. Decisions concerning assignments are contingent upon a successful interview, references and TB testing.

 **Cleveland Clinic**
Student Application (16-17)

Name _____ Date of Application _____

Mailing Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____ Preferred Contact _____

Goals for your experience at Cleveland Clinic Lou Ruvo Center for Brain Health (CCLRCBH) _____

Date available to begin _____ Total hours per week _____

Limitations

Are there any reasonable accommodations we should consider? Yes No

If yes, describe: _____

Emergency Contact Information

Name _____ Relationship _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Education

School Name	City/State	Last grade completed	Graduate?	Degree/Diploma

Are you bilingual? Language _____ Speak _____ Read _____ Write _____

Language _____ Speak _____ Read _____ Write _____

If called upon would you be willing to assist staff as an interpreter if needed? Yes No

Please list any verified volunteer service you have done in the past

Organization	Organization
Address	Address
Dates: from to	Dates: from to
Assignment	Assignment
Supervisor	Supervisor
Phone	Phone

Person(s) employed with CCLRCBH with whom you are related:

Name _____ Dept _____ Relationship _____

(Students will not be assigned to same area as related employee.)

Applicant Statement

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that if I am accepted as a volunteer, statements discovered to be incorrect or misleading will be cause for my immediate termination. Cleveland Clinic Lou Ruvo Center for Brain Health has permission to contact directly references I have listed or any other sources concerning my prior volunteer history, and I release all parties from any possible damages from disclosing such information with or without prior notice from me.

Applicant Signature _____

Date _____

Parent/Guardian Name _____

Date _____

(Print)

Parent /Guardian Signature _____



VOLUNTEER SERVICES REFERENCE FORM

Name of Reference _____

Address _____
Street City State Zip

Reference e-mail address _____ Phone _____

Applicant _____

The above applicant has applied for a volunteer position with Cleveland Clinic Lou Ruvo Center for Brain Health. We would appreciate your cooperation in checking the appropriate spaces below as they pertain to your knowledge of this applicant. Return this form at your earliest convenience, as the applicant's file is not complete without verified references. Thank you for your anticipated cooperation.

Karen Mariano, Admin Program Coordinator I
Volunteer Services
mariank@ccf.org or 702.331.7046
Fax: 702.701.7954

Number of years you have known applicant _____

Relationship to applicant: (friend, relative, employer, etc.) _____

Please indicate how you rate the applicant with regards to the following four character qualities:

	POOR	FAIR	AVERAGE	ABOVE AVERAGE	OUTSTANDING
Reliability					
Confidentiality					
Commitment					
Integrity					
Creativity					

Cleveland Clinic Lou Ruvo Center for Brain Health has my permission to contact directly references I have listed or any other sources concerning my prior volunteer, professional or personal history, and I release all parties from any possible damages from disclosing such information with or without prior notice from me.

Student Signature _____ Date _____

Reference Signature _____ Date _____



Youth Tuberculin Skin Test Consent Form

To be taken after orientation is completed

I hereby give my consent to Cleveland Clinic to provide the Tuberculin (TB) Skin Test to:

(Print student's name)

a minor, my child, for the purpose of his/her participation at the Cleveland Clinic Lou Ruvo Center for Brain Health.

I fully understand that TB testing is Cleveland Clinic policy and a requirement. I am aware that my child will need to return to the facility where the TB test was administered within 48-72 hours for documentation of skin test results. I also understand that it is my child's responsibility to receive a copy of the results to bring to his/her assignment interview.

Parent/Guardian Signature

Date

This form serves to introduce you as a volunteer at Keep Memory Alive of Behalf of the Cleveland Clinic Lou Ruvo Center for Brain Health.

Please collect a copy of the results and bring to your interview. Cleveland Clinic Lou Ruvo Brain Center volunteers receive an annual 1 (one) step TB test.

Test may be taken at the following locations, call for specific days the test. There is no fee.

Center for Occupational Health and Wellness

Contact: Nichole Stallworth (Office Manager)
801 S. Rancho Dr. Ste. F1
Las Vegas, NV 89106
Phone (702) 474-4454
Fax (702) 474-4424

OR

9005 S. Pecos Road Suite 2600
Henderson, NV 89074
Phone (702)-474-0472
Fax (702)-474-4012

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