

# Volunteer Check List

Name of Volunteer: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

- Copy of I.D.
- Volunteer Enrollment Application
- Volunteer Personal Reference Questionnaire x 2
- Confidentiality Statement
- Dress Code Policy
- Volunteer Release Form
- Internet, Email, and Computer Policy
- HIPAA Training
- Civil Rights Training

Verification by: \_\_\_\_\_ Date: \_\_\_\_\_

## For Use By Administration Only:

Volunteer Start Date: \_\_\_\_\_

Department: \_\_\_\_\_



**VOLUNTEER ENROLLMENT APPLICATION**

Name (Last) (First) (Middle)

Mailing Address City State Zip

Work Telephone / Home Telephone / Cell Phone

Email: \_\_\_\_\_

Emergency Contact Telephone Number

**What type of volunteer position are you interested in?** \_\_\_\_\_

**List any professional license, registration, or certificate you currently possess (include certificate/license number):** \_\_\_\_\_

**List any special skills, interests, or hobbies:** \_\_\_\_\_

**List any special considerations or needs:** \_\_\_\_\_

**List two personal references not related to you whom you have known for more than one year:**

NAME	NAME
ADDRESS	ADDRESS
CITY/STATE ZIP	CITY/STATE ZIP
PHONE	PHONE

**List your most recent volunteer or employment experience:**

EMPLOYER	COMPLETE MAILING ADDRESS	TELEPHONE	
TITLE	DATES OF VOLUNTEER/EMPLOYMENT		JOB

**Specify the days and time frames you are available to volunteer:** \_\_\_\_\_

Day of Week	Hours	Day of Week	Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

**Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If answer is yes, please explain (including types of offenses and dates):

\_\_\_\_\_

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**INTERVIEWER'S COMMENTS  
(For Agency Use Only)**

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewer's Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Screening Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Screening Completed: \_\_\_\_\_

Date Orientation Completed: \_\_\_\_\_

**WORK ASSIGNMENT  
(For Agency Use Only)**

\_\_\_\_\_  
Program Location

\_\_\_\_\_  
Supervisor Date of Placement

It is unlawful for an employer to refuse or deprive any individual of volunteer opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301-4857.



**Volunteer Personal Reference Questionnaire**

\_\_\_\_\_  
Name of Volunteer/Intern Applicant

\_\_\_\_\_  
Date Completed

As required by section 110.503, Florida Statutes and section 60L-33.006, Florida Administrative Code, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

1. How long have you known the volunteer applicant? \_\_\_\_\_
2. To your knowledge, has the applicant ever been convicted of a crime? \_\_\_\_\_
3. Do you consider him/her to be of good moral character? If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
4. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? \_\_\_\_\_
6. Do you have any additional comments concerning the applicant's character or reliability? \_\_\_\_\_  
\_\_\_\_\_
7. What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City                      State                      Zip

Thank you for your time.

Upon completion, please return this form to: The Volunteer Coordinator in your application packet.



**Volunteer Personal Reference Questionnaire**

\_\_\_\_\_  
Name of Volunteer/Intern Applicant

\_\_\_\_\_  
Date Completed

As required by section 110.503, Florida Statutes and section 60L-33.006, Florida Administrative Code, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

- 4. How long have you known the volunteer applicant? \_\_\_\_\_
- 5. To your knowledge, has the applicant ever been convicted of a crime? \_\_\_\_\_
- 6. Do you consider him/her to be of good moral character? If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 8. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 9. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? \_\_\_\_\_
- 10. Do you have any additional comments concerning the applicant's character or reliability? \_\_\_\_\_  
\_\_\_\_\_
- 11. What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City State Zip

Thank you for your time.

Upon completion, please return this form to: The Volunteer Coordinator in your application packet.



## Confidentiality Statement

As an employee of Samaritan's Touch Care Center (STCC), I understand that it is my responsibility to protect the confidentiality of each patient's medical records and other confidential medical or personal information. I further understand that all information pertaining to the diagnosis, treatment and progress of all patients is confidential. I may not review, discuss, copy or transmit such information except where necessary in the normal and proper course of my duties, while following proper procedures and obtaining proper authorization.

I understand that the Confidentiality Statement applies to all patient medical records and confidential medical and personal information. I also understand that any violation of confidentiality involving patient's medical information shall be grounds for disciplinary action up to and including immediate dismissal from employment.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## **Samaritan's Touch Care Center**

### **Employee & Volunteer Dress Code Policy**

**GENERAL STATEMENT:** Samaritan's Touch Care Center (STCC) employees & volunteers are an important part of the Samaritan's Touch Care Center public image. Courteous, friendly and efficient staff members & volunteers contribute greatly to the impression made in daily contact with patients, visitors and fellow employees.

For these reasons, STCC requires all employees & volunteers follow the dress code program and the dress code guidelines for the department they work in. Departmental guidelines may be more restrictive for safety and/or health purposes. An employee who fails to follow this standard should expect to be requested by his or her respective supervisor to correct any inconsistencies. It is the responsibility of department directors to counsel with employees whose appearance is not satisfactory.

#### **PROCEDURE (GUIDELINE):**

1. I.D. Badges are to be worn at all times when on the premises.
2. All clothing must be clean, neatly pressed, in good repair, and fit properly. Clothing should not be tight, baggy, or revealing.
  - Undergarments should be worn and shall not be noticeable through clothing.
  - Scrub uniforms must be worn in patient care areas.
  - Revealing garments are not permissible such as: high-slit skirts/dresses, tube or midriff tops, low cut blouses, halter tops, open weave sweaters. Tight-fitting garments, sleeveless attire without a jacket and evening attire are not permitted.
3. Personal contact is an important element of your job. Particular attention shall be given to proper personal hygiene. Bathing, the use of deodorants, mouthwash and other commonly accepted personal hygiene habits should be observed. Perfume cologne/lotions and aftershave to be used sparingly. Many individuals suffer allergic (some life – threatening) reactions to those odors. Use may be prohibited in some patient areas.
4. Hair should be kept clean and neat. No unnatural colors. Hair below shoulder length needs to be secured in clinical settings.
5. Hats worn within the building are not permissible, with the exception of professional, religious, or medical reasons.
6. Friday is the designated “Casual Day”, jeans, appropriate tops, or STCC t-shirts can be worn. This is subject to change depending on Physician schedules

7. Winter wear – Lab coat, long-sleeve uniforms tops, sweaters/blazers appropriate to your professional wear. (No outdoor garments, i.e. jackets/coats unless outside of building.)

8. Shoes and hosiery are to be worn at all times. Acceptable shoes and hosiery:

- Clean and polished shoes are required.
- Business type, conservative in style and color.
- Closed toe shoes must be worn in clinical areas.
- Athletic/nursing shoes may be worn as specified by departmental dress code.
- Shoes should be soft-soled and heeled to diminish the noise in patient care areas.

9. Tattoos must be covered and not visible.

10. Body Piercing – No visible jewelry with the exception of earrings.

#### **I. FEMALES**

1. Make-up should be worn in moderation in keeping with professional image.
2. Jewelry, appropriate to work setting and professional appearance, is permissible as follows: Two earrings per earlobe, two ring per hand, one necklace, one watch and one bracelet per arm, one decorative pin to compliment wearing apparel. Caution should be taken with any jewelry to ensure patient and employee safety.
3. Fingernails shall be neat, clean, and trimmed to a conservative length that will not interfere with performance of duties or create a safety hazard.

#### **II. MALES**

1. One earring per earlobe is permissible.
2. Hair must be neat, trimmed & should not fall past the collar area. Facial hair must be neat & trimmed at all times.

#### **Disciplinary Action**

Directors and Managers shall be accountable to ensure that professional appearance is maintained. Anyone who observes an employee who does not meet the dress code should contact the employee's Director or Manager. Employees whose appearance is not in keeping with the professional guidelines established may be sent home to change. Time away will be without pay. The employee shall return to work within a two- (2) hour timeframe or be subjected to further disciplinary action.



I have read and understand STCC's dress code policy.

\_\_\_\_\_ Employee/Volunteer Signature

\_\_\_\_\_ Employee/Volunteer Name (Please Print)

\_\_\_\_\_ Date

Revised 1/11/13



## Volunteer Release Form

Please complete and return to:  
3015 Herring Avenue  
Sebring, FL 33870

Or fax to: 863-382-3324

### **VOLUNTEER RELEASE**

I wish to volunteer my time in support of Samaritan's Touch Care Center's (STCC) mission. I understand and agree that my hours worked for STCC are voluntary and without compensation, benefits or consideration of any kind, and that I must follow all STCC policies and procedures. I also understand that my volunteer assignment may be terminated at any time for any reason at the discretion of the STCC Administration..

### **LIABILITY RELEASE**

My participation as a volunteer with STCC is strictly on a volunteer basis, and I understand that STCC is under no obligation to provide any insurance against injury or bodily harm. I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause, related to or arising from my participation as a volunteer for STCC, and release, indemnify and hold harmless STCC, its officers, directors and employees, from any and all liability in connection with any claim, suit, injury, damages, loss, and liability related to or arising from my capacity as a volunteer. I specifically acknowledge that I am assuming the entire risk of volunteering, and this release is a complete and comprehensive release of any and all negligence, including gross negligence, and any and all other liability.

### **MARKETING RELEASE**

I understand that effective public relations are important to the success of any organization. Therefore, I hereby give my free and unlimited consent and permission, waiving all claims for **any** compensation by reason thereof or for damages by reason thereof, to use, publish, republish, or exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos, or disseminate statements referring to me in my capacity as a volunteer, if STCC so desires, and to authorize any newspaper, company or other organization to use said materials with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of STCC and any of its fund campaigns or any of its activities. I hereby grant and convey unto STCC all right, title, and interest in any and all photographic images and video or audio recordings made by STCC during the volunteer's activities with STCC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

### **CONFIDENTIALITY AGREEMENT**

I understand that as a volunteer, I may become privy to confidential information regarding STCC and confidential patient information. I understand that it is my responsibility to protect the confidentiality of each patient's medical records and other confidential medical or personal information. I further understand that all information pertaining to the diagnosis, treatment and progress of all patients is confidential. I may not review, discuss, copy or transmit such information except where necessary in the normal and proper course of my duties, while following proper procedures and obtaining proper authorization. I understand that the Confidentiality Agreement applies to all patient medical records and confidential medical and personal information. I also understand that any violation of confidentiality involving a patient's medical records and confidential medical information shall be grounds for disciplinary action up to and including immediate dismissal from participation in this program. I agree to maintain the confidentiality of any information that is not otherwise publicly disclosed by STCC. I will not use confidential information in any manner that would be detrimental to STCC and I will avoid any actions that might impair the reputation of STCC.

**VOLUNTEER SIGNATURE**

I have carefully read this document, fully understand its contents, and sign it voluntarily. By signing this document, I understand and agree to all the terms and conditions stated.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

**PARENTAL CONSENT/ RELEASE (required if volunteer is under the age of 18)**

On behalf of my child and myself, I sign this volunteer release form for my child's participation as a volunteer. I have carefully read this document, fully understand its contents, and sign it voluntarily. By signing this document, I understand and agree to all the terms and conditions stated.

In the event of injury or illness, I understand that reasonable effort will be made to contact the parent immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached, the adult in charge will secure emergency medical care as needed. Further, I/we, realizing no insurance coverage is provided for the volunteer, will assume financial responsibility for any cost relating to any accident or injury that might occur while volunteering with STCC.

I, \_\_\_\_\_ and \_\_\_\_\_ (print parents or guardians name), give consent for \_\_\_\_\_ to volunteer for STCC.

\_\_\_\_\_  
Volunteer (minor) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Parent/Guardian Signature

\_\_\_\_\_  
Date

**In case of emergency, please contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

**Is there any information we need to know about this minor in case of an emergency?**

\_\_\_\_\_

## INTERNET, E-MAIL, AND COMPUTER USE POLICY

### Policy Statement

The use of Samaritan Touch Care Center automation systems, including computers, fax machines, and all forms of Internet/intranet access, is for company business and for authorized purposes only. Brief and occasional personal use of the electronic mail system or the Internet is acceptable as long as it is not excessive or inappropriate, occurs during personal time (lunch or other breaks), and does not result in expense or harm to the Company or otherwise violate this policy.

Use is defined as "excessive" if it interferes with normal job functions, responsiveness, or the ability to perform daily job activities. Electronic communication should not be used to solicit or sell products or services that are unrelated to the Company's business; distract, intimidate, or harass coworkers or third parties; or disrupt the workplace.

Use of Company computers, networks, and Internet access is a privilege granted by management and may be revoked at any time for inappropriate conduct carried out on such systems, including, but not limited to:

- Sending chain letters or participating in any way in the creation or transmission of unsolicited commercial e-mail ("spam") that is unrelated to legitimate Company purposes;
- Engaging in private or personal business activities, including excessive use of instant messaging and chat rooms (see below);
- Accessing networks, servers, drives, folders, or files to which the employee has not been granted access or authorization from someone with the right to make such a grant;
- Making unauthorized copies of Company files or other Company data;
- Destroying, deleting, erasing, or concealing Company files or other Company data, or otherwise making such files or data unavailable or inaccessible to the Company or to other authorized users of Company systems;
- Misrepresenting oneself or the Company;
- Violating the laws and regulations of the United States or any other nation or any state, city, province, or other local jurisdiction in any way;
- Engaging in unlawful or malicious activities;
- Deliberately propagating any virus, worm, Trojan horse, trap-door program code, or other code or file designed to disrupt, disable, impair, or otherwise harm either the Company's networks or systems or those of any other individual or entity;
- Using abusive, profane, threatening, racist, sexist, or otherwise objectionable language in either public or private messages;
- Sending, receiving, or accessing pornographic materials;
- Becoming involved in partisan politics;
- Causing congestion, disruption, disablement, alteration, or impairment of Company networks or systems;
- Maintaining, organizing, or participating in non-work-related Web logs ("blogs"), Web journals, "chat rooms", or private/personal/instant messaging;
- Failing to log off any secure, controlled-access computer or other form of electronic data system to which you are assigned, if you leave such computer or system unattended;
- Using recreational games; and/or
- Defeating or attempting to defeat security restrictions on company systems and applications.

Using Company automation systems to access, create, view, transmit, or receive racist, sexist, threatening, or otherwise objectionable or illegal material, defined as any visual, textual, or auditory entity, file, or data, is

strictly prohibited. Such material violates the Company anti-harassment policies and is subject to disciplinary action. The Company's electronic mail system, Internet access, and computer systems must not be used to harm others or to violate the laws and regulations of the United States or any other nation or any state, city, province, or other local jurisdiction in any way. Use of company resources for illegal activity can lead to disciplinary action, up to and including dismissal and criminal prosecution. The Company will comply with reasonable requests from law enforcement and regulatory agencies for logs, diaries, archives, or files on individual Internet activities, e-mail use, and/or computer use.

Unless specifically granted in this policy, any non-business use of the Company's automation systems is expressly forbidden.

If you violate these policies, you could be subject to disciplinary action, up to and including dismissal.

### **Ownership and Access of Electronic Mail, Internet Access, and Computer Files; No Expectation of Privacy**

The Company owns the rights to all data and files in any computer, network, or other information system used in the Company and to all data and files sent or received using any company system or using the Company's access to any computer network, to the extent that such rights are not superseded by applicable laws relating to intellectual property. The Company also reserves the right to monitor electronic mail messages (including personal/private/instant messaging systems) and their content, as well as any and all use by employees of the Internet and of computer equipment used to create, view, or access e-mail and Internet content. Employees must be aware that the electronic mail messages sent and received using Company equipment or Company-provided Internet access, including web-based messaging systems used with such systems or access, are not private and are subject to viewing, downloading, inspection, release, and archiving by Company officials at all times. The Company has the right to inspect any and all files stored in private areas of the network or on individual computers or storage media in order to assure compliance with Company policies and state and federal laws. No employee may access another employee's computer, computer files, or electronic mail messages without prior authorization from either the employee or an appropriate Company official.

The Company uses software in its electronic information systems that allows monitoring by authorized personnel and that creates and stores copies of any messages, files, or other information that is entered into, received by, sent, or viewed on such systems. Accordingly, employees should assume that whatever they do, type, enter, send, receive, and view on Company electronic information systems is electronically stored and subject to inspection, monitoring, evaluation, and Company use at any time. Further, employees who use Company systems and Internet access to send or receive files or other data that would otherwise be subject to any kind of confidentiality or disclosure privilege thereby waive whatever right they may have to assert such confidentiality or privilege from disclosure. Employees who wish to maintain their right to confidentiality or a disclosure privilege must send or receive such information using some means other than Company systems or the company-provided Internet access.

The Company has licensed the use of certain commercial software application programs for business purposes. Third parties retain the ownership and distribution rights to such software. No employee may create, use, or distribute copies of such software that are not in compliance with the license agreements for the software. Violation of this policy can lead to disciplinary action, up to and including dismissal.

### **Confidentiality of Electronic Mail**

As noted above, electronic mail is subject at all times to monitoring, and the release of specific information is subject to applicable state and federal laws and Company rules, policies, and procedures on confidentiality. Existing rules, policies, and procedures governing the sharing of confidential information also apply to the sharing of information via commercial software. Since there is the possibility that any message could be shared with or without your permission or knowledge, the best rule to follow in the use of electronic mail for non-work-related information is to decide if you would post the information on the office bulletin board with your signature.

It is a violation of Company policy for any employee, including system administrators and supervisors, to access electronic mail and computer systems files to satisfy curiosity about the affairs of others, unless such access is directly related to that employee's job duties. Employees found to have engaged in such activities will be subject to disciplinary action.

### **Electronic Mail Tampering**

Electronic mail messages received should not be altered without the sender's permission; nor should electronic mail be altered and forwarded to another user and/or unauthorized attachments be placed on another's electronic mail message.

### **Policy Statement for Internet/Intranet Browser(s)**

The Internet is to be used to further the Company's mission, to provide effective service of the highest quality to the Company's customers and staff, and to support other direct job-related purposes. Supervisors should work with employees to determine the appropriateness of using the Internet for professional activities and career development. The various modes of Internet/Intranet access are Company resources and are provided as business tools to employees who may use them for research, professional development, and work-related communications. Limited personal use of Internet resources is a special exception to the general prohibition against the personal use of computer equipment and software.

Employees are individually liable for any and all damages incurred as a result of violating company security policy, copyright, and licensing agreements.

All Company policies and procedures apply to employees' conduct on the Internet, especially, but not exclusively, relating to: intellectual property, confidentiality, company information dissemination, standards of conduct, misuse of company resources, anti-harassment, and information and data security.

### **Personal Electronic Equipment**

The Company prohibits the use or possession in the workplace of any type of camera phone, cell phone camera, digital camera, video camera, or other form of image- or voice-recording device without the express permission of the Company and of each person whose image and/or voice is/are recorded. Employees with such devices should leave them at home unless expressly permitted by the Company to do otherwise. This provision does not apply to designated Company personnel who must use such devices in connection with their positions of employment.

Employees should not bring personal computers or data storage devices (such as floppy disks, CDs/DVDs, external hard drives, flash drives, "smart" phones, iPods/iPads/iTouch or similar devices, mobile computing devices, or other data storage media) to the workplace or connect them to Company electronic systems unless expressly permitted to do so by the Company. Any employee bringing a personal computing device, data storage device, or image-recording device onto Company premises thereby gives permission to the Company to inspect the personal computer, data storage device, or image-recording device at any time with personnel of the Company's choosing and to analyze any files, other data, or data storage devices or media that may be within or connectable to the personal computer or image-recording device in question. Employees who do not wish such inspections to be done on their personal computers, data storage devices, or imaging devices should not bring such items to work at all.

Violation of this policy, or failure to permit an inspection of any device covered by this policy, shall result in disciplinary action, up to and possibly including immediate termination of employment, depending upon the severity and repeat nature of the offense. In addition, the employee may face both civil and criminal liability from the Company, from law enforcement officials, or from individuals whose rights are harmed by the violation.



## Internet, E-Mail, and Computer Use Policy Sign-Off Form

All staff must sign and return a copy of this memo to the Mary Baggs. The signed memo will be placed in the employee's personnel file and will serve as a record of acknowledgement of the following:

1. I acknowledge that I have received notification of the Samaritan's Touch Computer and Internet Policy.
2. I understand that the Computer and Internet Policy describes important information in regards to the use of the computer system and how it effects possible virus and damage to our existing programs.
5. I understand that by not following this policy this could mean immediate dismissal of my employment.

(Employee's Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

**Please return to the Office of Human Resources**