

Malachesky Memorial Nursing Scholarship

In December 1985, the Malachesky Memorial Nursing Scholarship Fund was established in memory of Dr. Thomas and Susan Malachesky. Dr. and Mrs. Malachesky perished in a plane crash on November 13, 1985. Dr. Malachesky served as the Pathologist at Charles Cole Memorial Hospital from January 1982 until his death. At the time of her death, Mrs. Malachesky was a student perusing her studies to become a registered nurse.

The Malachesky Memorial Nursing Scholarship Fund was established and funded by the Malachesky's children, Amanda and Michael, family and friends. The intent was that through the donations, the Scholarship Fund would produce sufficient income to provide a Five Hundred Dollar (\$500.00) scholarship each year.

The fund was established to provide a, one time, Five Hundred Dollar (\$500.00) scholarship to the most academically qualified candidate each year. The candidate will be selected from the applicants for the Charles Cole Memorial Hospital Nursing Scholarship Program. Although the scholarship recipient is a participant of the Hospital's Nursing Scholarship Program, the employment commitment of the Hospital's program will not extend or alter as a result of this scholarship.

To apply for the Malachesky Memorial Nursing Scholarship the candidate must complete the application process for the Charles Cole Memorial Hospital Nursing Scholarship Program.

Cole Memorial Hospital
Human Resources Department
1001 East Second Street
Coudersport, PA 16915

APPLICATION FOR SCHOLARSHIP

Personal Information:

Name: _____ Date: _____
(Please Print: Last, First, Middle and/or Maiden)

Present Address: _____ Phone: _____
(Number and Street, City, State and zip code)

Are you over the age of 18? _____ Yes _____ No Social Security Number: _____

Are you a resident of Pennsylvania? _____ Yes _____ No

If yes, how long have you been a resident of Pennsylvania? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? _____ Yes _____ No

Criminal Background: Have you ever been convicted, pleaded guilty, or *nolo contendere* (no contest) to a felony or misdemeanor other than a summary offence or do you currently have any such charges pending against you? _____ Yes _____ No
If yes, please give the particulars including the type and date of the offence: _____

Note: A conviction will not necessarily disqualify an applicant, however, there are specific criminal convictions that prohibit healthcare employment under the Pennsylvania Older Adults Protective Services - 169 Act and under the Child Protective Services Law (CPSL) - Act 179 of 2006 and Act 73 of 2007 and others that may relate to your suitability for employment in the position for which you are applying.

Educational Record:	Name and Address	Circle Grades Completed	Did you graduate?
Elementary School	_____	1 2 3 4 5 6	_____
High School	_____	7 8 9 10 11 12	_____
College/University	_____	1 2 3 4	Major Field _____ Degree _____

Apprentice, Vocational, Business or Graduate School? _____

Please provide an official copy of your most recent grade transcript.

Scholarship Interest:

Type of Scholarship Requested: _____

Name of the college, university or school you are planning to attend: _____
(attach a copy of your acceptance letter)

Are you or will you be a full time student? _____ Yes _____ No

If you are not a full time student please explain: _____

Are you currently employed? _____ Yes _____ No Are you receiving any other scholarship(s)? _____ Yes _____ No

Have you ever: Applied for a scholarship here? _____ Yes _____ No Worked here before? _____ Yes _____ No
(If yes, give dates.)

Name at time of previous application or employment: _____

Military Record:

Have you ever served in the Armed Forces of the United States? _____ Yes _____ No

If yes, state: Branch _____ Date entered _____ Date Discharged _____

Rank or Rate _____ Service schools and/or special experience _____

Reserve or National Guard Status _____

References: Please provide and attach three letters of references. Do not use relatives. List persons whom you have known for at least five (5) years.

Name	Address	Phone	Occupation	Verification
1.)				
2.)				
3.)				

Employment History: Starting with your present or most recent employer, account for all periods of time, including unemployment and service with the Armed Forces. (Use additional sheet if needed.)

DATES	Employer's Name, Address and Phone Number	1.Job Title 2.Department 3.Supervisor's Name	Describe Major Job Duties	Salary	Reason for Leaving
From: _____ To: _____	_____ _____ _____ Phone # _____	1.) 2.) 3.)		Starting \$ ____ / ____ Final \$ ____ / ____	
From: _____ To: _____	_____ _____ _____ Phone # _____	1.) 2.) 3.)		Starting \$ ____ / ____ Final \$ ____ / ____	
From: _____ To: _____	_____ _____ _____ Phone # _____	1.) 2.) 3.)		Starting \$ ____ / ____ Final \$ ____ / ____	

Applicants Statement: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I also authorize the companies, schools or persons named above and in the letters of reference provided by me to give any information regarding my employment, character and qualifications, together with any information they have regarding me whether or not it is in the records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void.

Applicant's Signature: _____ **Date:** _____

Guiding Principles: Have you read the Guiding Principles and agree, should you be employed, to abide by these Guiding Principles as an employee, as a condition of employment and continued employment _____ Yes _____ No

Applicant's Signature: _____ **Date:** _____

Cole Memorial Hospital
Human Resources Department
1001 East Second Street
Coudersport, PA 16915

APPLICATION FOR SCHOLARSHIP

Personal Information:

Name: _____ Date: _____
(Please Print: Last, First, Middle and/or Maiden)

Present Address: _____ Phone: _____
(Number and Street, City, State and zip code)

Are you over the age of 18? _____ Yes _____ No Social Security Number: _____

Are you a resident of Pennsylvania? _____ Yes _____ No

If yes, how long have you been a resident of Pennsylvania? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? _____ Yes _____ No

Criminal Background: Have you ever been convicted, pleaded guilty, or *nolo contendere* (no contest) to a felony or misdemeanor other than a summary offence or do you currently have any such charges pending against you? _____ Yes _____ No
If yes, please give the particulars including the type and date of the offence: _____

Note: A conviction will not necessarily disqualify an applicant, however, there are specific criminal convictions that prohibit healthcare employment under the Pennsylvania Older Adults Protective Services - 169 Act and under the Child Protective Services Law (CPSL) - Act 179 of 2006 and Act 73 of 2007 and others that may relate to your suitability for employment in the position for which you are applying.

Educational Record:	Name and Address	Circle Grades Completed	Did you graduate?
Elementary School	_____	1 2 3 4 5 6	_____
High School	_____	7 8 9 10 11 12	_____
College/University	_____	1 2 3 4	Major Field _____ Degree _____
Apprentice, Vocational, Business or Graduate School? _____			

Please provide an official copy of your most recent grade transcript.

Scholarship Interest:

Type of Scholarship Requested: _____

Name of the college, university or school you are planning to attend: _____
(attach a copy of your acceptance letter)

Are you or will you be a full time student? _____ Yes _____ No

If you are not a full time student please explain: _____

Are you currently employed? _____ Yes _____ No Are you receiving any other scholarship(s)? _____ Yes _____ No

Have you ever: Applied for a scholarship here? _____ Yes _____ No Worked here before? _____ Yes _____ No
(If yes, give dates.)

Name at time of previous application or employment: _____

Military Record:

Have you ever served in the Armed Forces of the United States? _____ Yes _____ No

If yes, state: Branch _____ Date entered _____ Date Discharged _____

Rank or Rate _____ Service schools and/or special experience _____

Reserve or National Guard Status _____

References: Please provide and attach three letters of references. Do not use relatives. List persons whom you have known for at least five (5) years.

Name	Address	Phone	Occupation	Verification
1.)				
2.)				
3.)				

Employment History: Starting with your present or most recent employer, account for all periods of time, including unemployment and service with the Armed Forces. (Use additional sheet if needed.)

DATES	Employer's Name, Address and Phone Number	1.Job Title 2.Department 3.Supervisor's Name	Describe Major Job Duties	Salary	Reason for Leaving
From: _____ To: _____	_____ _____ _____ Phone # _____	1.) 2.) 3.)		Starting \$ ____/____ Final \$ ____/____	
From: _____ To: _____	_____ _____ _____ Phone # _____	1.) 2.) 3.)		Starting \$ ____/____ Final \$ ____/____	
From: _____ To: _____	_____ _____ _____ Phone # _____	1.) 2.) 3.)		Starting \$ ____/____ Final \$ ____/____	

Applicants Statement: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I also authorize the companies, schools or persons named above and in the letters of reference provided by me to give any information regarding my employment, character and qualifications, together with any information they have regarding me whether or not it is in the records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void.

Applicant's Signature: _____ **Date:** _____

Guiding Principles: Have you read the Guiding Principles and agree, should you be employed, to abide by these Guiding Principles as an employee, as a condition of employment and continued employment ____ Yes ____ No

Applicant's Signature: _____ **Date:** _____

COLE Memorial



Guiding Principles



www.colememorial.org

1001 East Second Street, Coudersport, PA, 16915

Communicate

Personal Exchange.....3

Telephone Etiquette.....4

Confidential Communications.....4

Electronic Practices.....4

Brand Standards.....4

Create An Image

Appropriate Dress.....4

Attitudes and Behaviors.....4

Maintain Our Facilities Appearance.....4

Customer Interactions.....4

Maintain Safety

Maintaining a Safe Environment.....4

Honor One Another

Honoring Each Other.....4

Honor One Other

- Acknowledge everyone with an appropriate greeting, and make eye contact.
- Acknowledge all in need of assistance with, “Can I help you?”
- Offer assistance to those who need help finding their way.
- Be respectful to other’s and their time.
- Offer apologies for any problems or inconveniences.
- Provide honest answers without blaming another co-worker or department.
- Provide respect for privacy, modesty, and information for all.
- Accept responsibility and try to resolve problems.
- Treat others with respect and compassion.
- Remember to say “Thank you” and recognize others for their efforts.



Courtesy, dignity and respect are the fundamental expectations of all staff. We are expected to represent Cole Memorial in a positive , caring and professional manner at all times.



The successful delivery of care and services is largely dependent upon effective communication among staff, customers, patients, and residents of the community. The exchange of information must be timely, effective, concise, and complete.

Personal Exchange

- Be conscious of what you are communicating non-verbally.
- Be conscious of tone and level of your voice.
- Use professional language in all exchanges of communications.
- Address customers appropriately, i.e., Mr, Mrs, Sir, ect.

Telephone Etiquette

- Be familiar and able to utilize the Hospital's telephone systems.
- When answering the phone include in your greeting:
 - Appropriate salutation
 - Your first name
 - Department
 - "How can I help you?"
- Answer the telephone in a timely manner, within 3 rings if possible.
- When transferring a call always tell the caller where and to whom you are transferring them to and the extension in the event of a disconnection. In addition, announce the call giving information on who is on the line and what assistance they need.
- Use voicemail when you are not able to answer your phone:
 - "Hello, you have reached (name) in the (department) at Cole Memorial, I am away from my desk at this time. Please leave your name, telephone number, and I will return your call. Please do not leave any patient data. If this matter needs immediate attention, please contact (name) at extension (extension)."
- Update voice messages as needed to indicate if you are out-of-the-office, length of time you will be out, name and extension of who to contact in your absence.

- Prevent slips, trips, and falls by keeping your work area clutter free.
- Observe for spills and take appropriate action for clean up.
- Be prepared for emergencies and know the correct and prompt actions to take.
- Practice proper body mechanics when lifting, pushing, pulling or carrying. Ask for help if necessary.
- Know the safety policies and procedures, both hospital-wide and departmentally. If you see a safety hazard, correct it if possible, report it if you are not able to correct the hazard.
- Enforce the Smoking Policy, using scripting for interactions with patients, visitors, and staff.
- Respect all equipment. Be sure it's in good working order, use it properly and return it to its proper location.
- Position wheel chairs, call bells, and telephones as close to the patient as possible. Make adjustments if necessary, such as raising or lowering the bed level.
- Always use protective clothing and equipment when appropriate; keep universal precautions in mind at all times.
- Protect yourself and our customers by receiving your annual Occupational Health update.
- Know the contents and locations of the Emergency Kardex in your department.
- Know and use appropriate patient identifiers.
- Follow hand washing guidelines.
- Know and use approved medical abbreviations.



Maintaining safety is the responsibility of all staff. We will adhere to and enforce policies that relate to the safety and well-being of our patients, visitors, employees and environment. Accidents are the result of actions and attitudes that we can eliminate.

Maintaining a Safe Environment

- Demonstrate behaviors and an attitude that represents our facility in a professional, caring, and proactive manner.
- Practice safe work habits as a courtesy to co-workers and customers.
- Promptly report all accidents and incidents (customer and staff) to the appropriate individual.
- Be aware of potential chemical hazards; it is your right to know.

Confidential Communications

- Do not leave patient information exposed to public view.
- Keep voice levels low and discreet when discussing patient and professional matters in all settings. Provide patients with privacy at all times.
- Patient information should be accessed only when you have a "professional need to know."

Electronic Practices

- Maintain a working knowledge of Outlook/E-mail and Mox systems.
- Use of e-mail and Mox will be for work related issues only.
- Include your contact information at the close of all electronic correspondence.

Brand Standards

- E-mail signature's should be black or dark blue.
- E-mail signatures can contain the logo but no other graphics are permitted.
- All PowerPoint's should be in one of the Cole Memorial designs.
- The black logo may be used for forms.
- All other requests for logo or marketing materials must go through the Marketing and Communications departments.



We take pride in our facility and ourselves, show respect for our customers and each other through displaying a professional manner, appropriate expressions, neat and appropriate appearance, and maintaining the facility's appearance.

Appropriate Dress

- Appearance will be professional, tasteful, discreet, neat, and clean.
- Wear name badges appropriately at all times to allow for easy identification.
- Adhere to the hospital's dress code policy.
- Practice good personal hygiene, presenting a neat clean and well-groomed appearance.

Attitudes and Behaviors

- Demonstrate behaviors and an attitude that represents our facility in a professional, caring, and proactive manner.
- Rude behavior in any manner and toward anyone is not acceptable.
- Be positive to new ideas and changes within the organization. Promote a positive attitude in speech and action. Set a positive example for others to follow.
- Apologize for any problems on inconveniences. Follow-up with a resolution.
- Be aware that you are viewed as a representative of Cole Memorial even when you are not at work.

Maintain our Facilities Appearance

- Pick-up and dispose of all litter appropriately
- Take ownership and pride in your work place by keeping your work area neat, organized and clean.

Customer Interactions

- Treat all of our customers with courtesy and respect at all times.
- Be an advocate for our customers.
- Strive to exceed customer's expectations, it's the "little" things and details that they remember as big things.