



Volunteer Services Department

Application for Volunteer Service

Have you volunteered with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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We appreciate your interest in volunteering with CarolinaEast Health System. We are sincerely interested in your qualifications to serve our patients and families. Questions on this application are asked for the sole purpose of considering you for volunteer service. We do not discriminate on the basis of race, religion, sex, national origin, age, or handicap status.

Please Print; Please Use Pen

Full Name (no initials)					
(Last)	(First)	(Middle)	(Maiden)	(Name That You Are Called)	
Present Home/School Address					
(Street)	(City)	(State)	(Zip Code)		
Daytime Phone (local) ()	Home Phone ()	Cell Phone ()	Birth Date MM/DD		
Emergency Contact			Contact Phone No.		
Email					
Why do you want to become a Volunteer?					
Days and Shifts available to Volunteer					
Days:	Monday	Tuesday	Wednesday	Thursday	Friday
Shifts:	8:00 am – 12:00 pm		12:00 pm – 4:00		
Comments					
Describe any volunteer-related limitations, physical or emotional.					

INTEREST/SKILLS/WORK STATIONS:

Please check all that interest you or would be willing to volunteer. Some of the work stations include, but are not limited to:

- | | |
|--|--|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Sewer and Crafter | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Transporting Patients | <input type="checkbox"/> Working with Patient Care Staff |
| <input type="checkbox"/> Library | <input type="checkbox"/> Concierge Desk / Visitor Information Desk |
| <input type="checkbox"/> Life Line | <input type="checkbox"/> Golf Cart / Courtesy Cart |

References

Please list two personal, educational or job references whom we may contact. Family members cannot be used as references.

Name	Address, City, State, Zip	Email Address	Relationship	Phone Number
				()
				()

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Have you ever paid for a worthless check in the office of a Clerk of Court to resolve any violation of the law? Yes No

Have you ever paid a fine or restitution in the office of a Clerk of Court to resolve any violation of the law? Yes No

***If yes to any of the previous three questions above, please explain.
(Yes does not automatically disqualify you from volunteering.)***

Please Read the Following Statements Carefully:

In submitting and signing this application, I understand that my application will be reviewed by the Manager of Volunteer Services. If I am selected for an interview, I will be notified by phone.

Commitment

- **I must provide a minimum of seventy-five (75) hours of service per calendar year.**
- It is my responsibility to get the necessary transportation to and from volunteering.
- I understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines.

Training/Health

- A volunteer orientation and health screening is required before volunteering at CarolinaEast Health System.
- All current required immunizations will be given to me unless documented proof is submitted to Employee Health.
- **I must undergo an update of the TB skin test, flu shot and reorientation annually.**
- I will consent and agree to voluntarily provide body fluid (blood and/or urine) samples for drug and/or alcohol screening in accordance with CarolinaEast Health System policy.
- The results of such screenings may be released to CarolinaEast Health System, and the results may be used to make decisions concerning my involvement with the Volunteer Program at CarolinaEast.
- Management will follow-up with me within a reasonable amount of time to ensure that the placement is satisfactory.

Acknowledgement of Hospital Criminal Record Checks

- Criminal record checks will be performed on every applicant volunteering at CarolinaEast Health System.
- If the information that I have furnished on this form is found to be false, I could be disqualified/dismissed.

I hereby apply to become a Volunteer at CarolinaEast Health System, to abide by my commitment, to keep all patients' information strictly confidential, and comply with all rules and regulations. The statements given on this application are true and accurate to the best of my knowledge.

Prospective Volunteer Signature

Date