



Dear Volunteer Applicant,

Thank you for expressing an interest in the Volunteer Program at Central Carolina Hospital. We make every effort for your volunteer experience to be a satisfying and rewarding one!

Before beginning active service, you are asked to:

- a) Complete an application
- b) Attend an interview with Director of Volunteer Service
- c) Attend volunteer orientation with Director of Volunteer Services
- d) Complete a Credit and Background Check form
- e) Complete Drug Testing
- f) Complete Tuberculosis testing (this will be arranged prior to Hospital General Orientation)
- g) Understand and sign Confidentiality Statement
- h) Attend and complete our hospital general orientation program, which is held every other Monday from 9:00-2:30pm in the hospital classroom
- i) Train in the department in which you'll volunteer
- j) Show competency in understanding HIPAA guidelines and job specific requirements

The hospital orientation focuses on codes, information security and HIPAA and infection control. Department training is provided by the chairman or "senior" volunteer in that department, department director or other staff and is handled on an individually scheduled basis.

Once you have completed the application, please return to me either by mail or hand deliver. I will review your application, check your listed references, and then will call you to schedule an interview. I look forward to having you join our team of caring volunteers who make CCH a very special place!

Sincerely,

Crystal Hickman  
Director of Volunteer Services and Patient Relations  
(919) 774-2187

# Central Carolina Hospital

## Volunteer Services Department

### Application for Adult Volunteer Service

Adult (must be 18 or over)

There is a summer program for 11<sup>th</sup> & 12<sup>th</sup> graders – call for information

We appreciate your interest in volunteering with Central Carolina Hospital. 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.

<b>Full Name</b> (Last) _____ (First) _____ (Middle/ Maiden) _____			
Birthdate (mo) _____ (day) _____			
<b>Present Home/School Address</b> (Street) _____ (City) _____ (State) _____ (Zip Code) _____			
<b>Daytime Phone</b> ( )	<b>Home Phone</b> ( )	<b>Cell Phone</b> ( )	<b>E-Mail Address</b>
<b>Employer/Occupation</b>  <b>Contact information:</b>		<b>If college student, School attending/Year</b>	
<b>If retired, name of employer and occupation before retirement</b>			<b>Year retired</b>
<b>Emergency Contact Person</b>	<b>Relationship to Applicant</b>	<b>Contact's Phone Number</b> ( )	
<b>Physician &amp; number to contact in emergency</b>		<b>List known allergies and reactions</b>	
<b>Describe any volunteer-related limitations:</b>		<b>How did you hear about volunteering at CCH?</b>	
<b>Describe any previous volunteer experiences</b>			
<b>Why do you want to become a CCH Volunteer?</b>			

**Days available to volunteer (circle)**

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

**List Preferred Service Area** (this does not guarantee an opening will be available)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Circle Preferred Volunteer Shift** (varies depending on service area)

**Morning    Over lunch time    Afternoon    Late Afternoon/Early Evening    Evening**

**References**

Please list two personal, educational or job references we may contact. (no family)

Name	Address	City/State	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 questions above, please explain. (“Yes” does not automatically disqualify you from volunteering.)**

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**Please read the following statements carefully:**

**Commitment**

- I must provide a minimum of 8 hours of volunteer service per month, for at least three months.
- If I am a college student, I must commit to a minimum of at least one semester and complete 30 hours of volunteer service.
- It is required that I complete the three-month commitment for a school or job reference.
- 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 general hospital orientation that covers JCAHO compliances and a urine drug test (provided by the hospital) is required before you may begin volunteering.
- A current TB shot (provided by the hospital) or proof of why you may not take it will be on file before you may begin volunteering.
- If there is cause for concern from any of the above screening processes, I understand I may dispute the findings. I understand the results may be used to make decisions concerning my involvement with Central Carolina Hospital.
- I will be required to be trained in my department and be evaluated on my knowledge and performance.
- I must undergo an update of the TB skin test and JCAHO in-service review annually.

**Acknowledgement of Hospital Criminal Records Check**

- A background screen will be performed on every prospective volunteer. A credit check will be requested if your volunteer position requires you to handle money.
- 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 of Central Carolina Hospital, to abide by my commitment, to keep all patients' information strictly confidential, and comply with all the rules and regulations. The statements given on this application are true and accurate to the best of my knowledge.

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

**Volunteer Confidentiality Statement**

I recognize that as a CCH volunteer, I am in a privileged position to have access to information about the hospital, patients, physicians, employees and others.

I agree that I will not at any time, during or after my service, disclose any information that may be sensitive or confidential. Nor will I allow any person or entity permission to examine or make copies of any reports or documents prepared by me or coming into my possession, or to which I have access that contains in any way confidential information about patients, physicians, employees and others.

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

**Submit Application to:**  
**CCH Auxiliary**  
**1135 Carthage St.**  
**Sanford, NC 27330**  
**Phone: 919)774-2187**  
**FAX: 919)774-2295**  
**Visit our website at:**  
**[www.centralcarolinahospital.com](http://www.centralcarolinahospital.com)**