



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) Volunteer Coordinator Interview
- c) Attend volunteer orientation
- 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) Once cleared by the Human Resources Department, attend and complete our hospital general orientation program, which is held every other Monday from 8:15am - 4:30 pm at our CCH Uptown location (130 Wicker Street)
- i) Train in the department in which you will 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,

Amanda Sloan
Volunteer Coordinator
(919) 774-2100
Amanda.Sloan@lpnt.net

CENTRAL CAROLINA HOSPITAL

Volunteer Services Department

Application for Adult Volunteer Service

Adult (must be 18 or over) There is a summer program for 11th & 12th 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.

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

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.)**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 test (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 if required annually 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****Attn: Amanda Sloan****1135 Carthage St.****Sanford, NC 27330****Phone: 919)774-2100****FAX: 919)774-2295****Visit our website at:****www.centralcarolinahosp.com**