

Volunteer Department

Welcome and we appreciate your desire to be a volunteer with us. The following procedures are necessary to complete before active volunteering may begin:

- ✓ Complete application and return with letter of recommendation from someone who is not related to you.
- ✓ Call Mary at 251.949.3563 for your return application appointment so she may schedule your drug & TB testing at the same time.
- ✓ Complete drug test and 2 TB tests that are each read within 48 hours of testing.
- ✓ Complete orientation class, department training and shadowing.

Any Questions, contact:

Mary LaRue-Childre, Director

Volunteer Services Department

South Baldwin Regional Medical Center

251.949.3563

**Confidential
Volunteer Services Application**

**South Baldwin
Regional Medical Center
1613 N. McKenzie Street
Foley, AL 36535**

DATE _____

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Date of Birth _____ Social Security # _____

Driver's License # _____ Photo Copy [] Yes [] No

Street Address _____

City _____ State _____ Zip _____

Phone _____ Second Phone _____

NOTE: A PERSONAL LETTER OF REFERENCE IS REQUIRED; IT CANNOT BE FROM A RELATIVE.

EMERGENCY INFORMATION

Emergency Contact _____

Relationship to you _____ Their phone # _____

Work Phone: _____ Cell phone: _____

QUESTIONNAIRE

1. Why are you interested in volunteering?

2. **Volunteers must be ambulatory and in most cases be able to push a wheelchair.**

Is there anything that may adversely affect your ability to perform volunteer work?

[] Yes [] No If yes, please describe in detail. _____

3. Do you have visual or hearing needs we should be aware of? [] Yes [] No

If yes, please explain: _____

4. Are you fluent in any foreign languages [] Yes [] No If yes, please list. _____

EDUCATION & WORK EXPERIENCE

Education: Check highest level

[] High school [] College [] Post Grad

Employment Experience:

Have you ever worked at a hospital? [] Yes [] No

Last Place of Work – if any: _____

Business Name _____

State _____ Position _____

REFERENCES

Please include references for any current or former job supervisors, teacher, or clergy.

Family members/relatives may not provide recommendations.

Reference 1 Name: _____ Phone: _____

Relationship to you: _____ Business Name _____

Address: _____

City _____ State _____ Zip _____

Reference 2 Name: _____ Phone: _____

Relationship to you: _____ Business Name _____

Address: _____

City _____ State _____ Zip _____

OTHER

1. Have you ever been convicted of a felony? [] Yes [] No

2. Have you even been convicted of a misdemeanor? [] Yes [] No

If you answered yes to either question, please describe the conviction(s) in detail,

including dates. _____

3. How did you hear about this volunteer program? _____

4. Do you hold any special medical or clinical certifications or licenses, or have medical training of any type? [] Yes [] No If yes, please list _____

Below is a list of our volunteer areas. Not all areas have vacancies.

High Priority Stations – Minimum of 4 hour shift ... set day and time, weekly.

____ 1. “Courier” – energetic person to do a variety of duties and be on call to help in other departments; round offices for courier needs; gather and deliver small equipment within the hospital for Central Sterile department; distribute S/C newsletter to qualifying in-patients; run general errands; and assemble mail outs for various departments.

____ 2. Front Desk – energetic person to greet guests; check in and/or escort people to registration windows; escort/give directions on campus; deliver flowers/mail; keep entire front lobby tidy; deliver dept. mail; find wheelchairs; deliver card with meal ticket to S/C in-patients.

____ 3. Endo-GI/OP Desk – friendly, outgoing person to check in patients at Endo-GI/OP desk; keep families of patients informed; escort families to patient or surgery waiting area; maintain coffee station; offer beepers to families who leave waiting area; keep waiting room and “sunshine” hall orderly; light clerical work.

____ 4. Emergency Admitting Desk (this is not the ambulance entrance, only walk-in’s) - sign in patients; take them to registration clerk; keep waiting room tidy; search for wheelchairs; run errands; make in-patient charts.

____ 5. Internal Emergency Department – energetic person to log specimens and take to lab; pick up meal trays for ER patients; provide comfort measures such as blankets, water, or ice to help with patient satisfaction; make in-patient charts; make up beds; run errands for nurses; search for wheelchairs.

____ 6. Radiology – physically fit person to transport patients to/from radiology; some transportation log work involved; occasionally help transport wheelchair patients/guests at front lobby.

____ 8. Golf Cart Driver – friendly driver to monitor parking lot to give rides to guests to/from cars; wipe down seats in cart; caution people about no smoking policy; open and close car doors for guests at entry way (particularly when weather does not permit golf cart usage).

____ 9. Patient Hospital Wing Helpers - energetic person to give ice/water/magazines to patients; take specimens to lab; keep nutrition room organized; stock supplies; prep med trays; make patient packets; assist unit secretary; run errands.

____ 10. Lab - running errands to departments, logging specimens, and light filing.

____ 11. Heart Center – light clerical duties; keep families of patients informed; assemble patient packets; answer phone; run errands; keep reception room tidy.

Flexible Stations: Typically 4 hour shift ... very flexible days and times.

____ 1. Dietary/Cafeteria - sorting/grouping cafeteria supplies; replenishing stock; prepping for Meals on Wheels. This is a happening position as well as a great group of people to work with.

____ 2. Medical Records - learn filing system; prepare file folders; filing and other paperwork. There is always work to be done in this department.

CERTIFICATION AND AUTHORIZATION

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules, and regulations of the Hospital.

I authorize the Hospital to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Name: _____ Date: _____

CERTIFICATION AND AUTHORIZATION

(Please read the following paragraph carefully before signing)

I certify that the information that I have provided is true and correct to the best of my knowledge and belief. I authorize community Health Systems (the "Company") to investigate my employment and personal history, including an inquiry concerning information on my criminal, credit, references, education and driving history, as designated below. In connection with this investigation, I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies and former employee to release information they may have about me and release them from any liability or responsibility from doing so. This authorization, in original or copy form, shall be valid for this and any future investigation conducted by the Company. I am aware that if I am denied employment based on a report by a consumer-reporting agency, the Company will furnish the name and address of such agency upon my written request.

I hereby authorize the Company to check the following areas of my personal background:

- Criminal Background
- Driving
- Personal/Business References
- Credit Background
- Education
- Other: _____

EMPLOYEE AUTHORIZATION:

Date

Employee Name

Social Security Number... Required

Driver's License Number

Street Address

City, State, Zip

HUMAN RESOURCE AUTHORIZATION:

By signing below, the Human Resources Department acknowledges the only background verifications that will be verified are those indicated above for this applicant.

Human Resource Representative

Date