



Carolinus Medical Center-Mercy
Carolinus HealthCare System

2001 Vail Avenue
Charlotte, NC 28207

Chan Roush
President

Dear Volunteer Applicant:

Thank you for your interest in the Volunteer Services program at Carolinas Medical Center-Mercy. Joining our dedicated team of volunteers is a richly rewarding and enjoyable experience. Since you will be an integral part of our team and we require a 6 month minimum commitment from our volunteers.

Please complete the following application in its entirety. Applications with missing information will not be considered for the program. Please see the following page for full application details.

Please mail, fax or email the **entire** completed application to:

Att: Jill C. Aleong, Director of Volunteer Services
Carolinus Medical Center-Mercy
Volunteer Services Department
2001 Vail Ave. Charlotte, NC 28207
Phone: 704-304-5806
Fax: 704-304-6295
jill.aleong@carolinas.org

As part of the application process, CMC-Mercy conducts a background check for all potential volunteers. Upon acceptance into the program, you will be required to provide a health history and vaccination record (if applicable). If you should have questions regarding your health requirements contact Employee Health at 704-355-2106.

After your completed application has been reviewed we will contact you to setup an interview and discuss your acceptance into the volunteer program. Thank you again for your interest!

Sincerely,

Jill C. Aleong

Jill C. Aleong
Volunteer Services Director
Volunteer Services Department



CMC-Mercy Application Components & Next Steps

Adult Volunteer Application Components

- ✓ Complete Adult Volunteer Application Form (pg 3)
- ✓ Complete Background Disclosure Form (pg 4)
- ✓ Complete Health History Form (pg 5)
- ✓ Complete Volunteer Terms & Release Information (pg 6)
- ✓ Reference Forms (pg 7 & 8)
 - Need 2 references completed by non-family members
- ✓ Review Volunteer Areas of Service (pg 9&10)

Please also include:

- ✓ A copy of your vaccination record (if you were born after 1957)

Next Steps

1. Return Completed Volunteer Application

Attn: Jill C. Aleong, Director of Volunteer Services
Carolinas Medical Center-Mercy
Volunteer Services Department
2001 Vail Ave. Charlotte, NC 28207
Phone: 704-304-5806
Fax: 704-304-6295
jill.aleong@carolinas.org

2. Interview with Volunteer Services

- Once we receive all of your information and references, we will contact you to set up a 30 minute interview at CMC-Mercy
- During the interview be prepared to discuss your availability and interests
- If accepted you will need to attend an **orientation session**

3. Orientation Session

- Orientation sessions are typically held one Friday each month from 9:00AM-1:00PM. They are also occasionally held on Saturday mornings. During orientation:
 - Hospital Rules and HIPPA Information is Reviewed
 - TB tests are administered
 - Photo is taken for Volunteer Badge
 - Tax Deductible Uniforms are purchased- polo shirts \$25, striped blue shirts \$25, teal smock \$25,
 - Cash or Check written to CMC-Mercy will be accepted

Please contact the Volunteer Services Department (704-304-5806) with any questions.



CMC-Mercy Adult Volunteer Application Form

Last Name: _____ First Name: _____ Date: _____

Address: _____
Street City State Zip Code

Home Phone: () _____ Work Phone: () _____ Cell Phone:() _____

Email address: _____ Preferred Method of Contact: _____

Birthdate: _____ Current Employer (if applicable): _____

Position: _____ Work Schedule (days & hours): _____

I have completed: ___ High School ___ Some College ___ College ___ Graduate School

Do you have previous volunteer experience?

How did you become interested in the volunteer program?

Please give us any other information you feel would be pertinent to your application (interests, skills, training, etc)

Availability to Volunteer

Please (✓) times available

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Emergency Contact Information - Mandatory

Name	Relationship	Home Phone	Work Phone	Cell Phone



Carolinas Medical Center-Mercy Background Disclosure

CHS obtains arrest and conviction records on all potential volunteers. An arrest or conviction will not automatically eliminate you from consideration for volunteering. However, failure to list all pending charges and/or convictions may lead to your disqualification or termination of volunteering with CHS. Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement, etc.

Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation of charges for violation of criminal law? _____

If yes, please explain:

As a volunteer I agree:

I will consider as confidential all information which I may hear or see, directly or indirectly, concerning a patient, family member, doctor, or other health care professional and I will not seek information from any of the above in regard to a patient.

I hereby certify that the answers on this application and any resulting from interviews are true and correct and that any misrepresentations or omissions of facts, misleading, or false information on my part will be grounds for dismissal as a volunteer. Acceptance as a volunteer is contingent upon satisfactory references, verification of information submitted on the application and satisfactory completion of mandatory requirements. I authorize that all employers, schools, or references thus contacted be released from all liability in answering questions related to my application.

My services are donated to Carolinas HealthCare System without contemplation of compensation or future employment and given with humanitarian or charitable reasons.

I authorize Carolinas HealthCare System to administer emergency medical treatment to me while volunteering. I understand that CHS is not responsible for volunteers after their assigned volunteer shift has ended.

Applicant's Signature _____ **Date** _____

****PLEASE NOTE****

Your signature indicates your approval for us to check references. Filing an application does not assure volunteer placement since the number of applicants usually exceeds the number of available openings. The Volunteer Services Department is not obligated to provide a placement, nor are you obligated to accept the position offered. All applications are held for 90 days. The first 90 days of the volunteer experience will be mutually probationary.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex. Volunteer Services 06/09.



Carolinas Medical Center-Mercy
Health History Form

Last Name _____ First Name _____

Social Security Number _____ - _____ - _____

Street Address _____ City _____ State _____ Zip _____

Home Phone (_____) - _____ - _____ Birth Date ____/____/____ Age _____

In Emergency Notify _____

Phone (_____) - _____ - _____

Personal Physician _____ Phone _____

May we call your physician? Yes No

Please provide dates for the following information:

<u>Titer</u>	<u>Had Disease</u>	<u>Vaccinated</u>	<u>Evidence of</u>
Measles (Red)	_____	_____	_____
Mumps	_____	_____	_____
Rubella (German Measles)	_____	_____	_____
Chicken Pox	_____	_____	_____
TB Skin Test	_____	_____	_____

Volunteers born in or before 1957 are considered immune (or protected) to MMR and are not subject to the immunization.

Volunteers born after 1957 must show evidence of 2 MMR immunizations or be (re)immunized or have a titer drawn. If the volunteer lacks proof of any MMR component (measles, mumps or rubella) Employee Health will administer the MMR vaccine.

Volunteers in Pediatrics, Obstetrics, Nursery or Oncology must have a positive history of chickenpox, show evidence of a positive titer or be immunized.

The information provided on this form is correct to the best of my knowledge.

Volunteer Signature _____ Date _____

EH Comments: _____



Carolinus Medical Center-Mercy Volunteer Terms & Release Authorization

Terms of Volunteer Service

Because volunteer service is based on mutual consent, both CHS and you may terminate your volunteer service at any time, for any reason, with or without cause, and without prior notice. All CHS decisions with regard to termination of volunteer service are based on CHS policies and procedures.

CHS values integrity in the workplace. Any false or misleading representations or omissions contained in your volunteer application may disqualify you from further consideration for volunteer services and may result in discharge even if discovered at a later date. CHS may contact any persons and organizations named in your volunteer application to confirm or explain the information provided.

BACKGROUND VERIFICATION DISCLOSURE

As part of the volunteer services process, Carolinus HealthCare System may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996, requires that we advise you that for purposes of volunteer services, a Consumer Report may be made which may include information about your criminal record, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the report contains information regarding your character, general reputation, personal characteristics, or mode of living. Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement, etc.

AUTHORIZATION, ACKNOWLEDGEMENT, AND RELEASE

During the application process and at any time during my affiliation with CHS, I hereby authorize BIB – Background Investigation Bureau, on behalf of CHS to procure a Consumer Report which I understand may include information as described above. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and education institutions, governmental occupational licensing, or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

I understand that I must report, in writing, any charge to the Volunteer Services designee by the next volunteer assignment. I further acknowledge that failure to report a charge will be grounds for immediate termination of my participation in the volunteer services program. I understand that I must report, in writing, any conviction or sanction to the Volunteer Services designee within five days of the occurrence. I further acknowledge that failure to report a conviction or sanction will be grounds for immediate termination of my participation in volunteer services program. I authorize the ongoing procurement of the above-mentioned reports at any time during my volunteer experience.

Name (Last, First, Middle): _____
Please print

Maiden or Other Name Used: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____

How long have you lived at this residence?

(If less than 7 years, please indicate all previous addresses during this period below. Please attach an additional sheet if needed.)

Address: _____

Address: _____

Address: _____

Address: _____

Volunteer Printed Name

Volunteer Signature

Date



Carolinus Medical Center-Mercy
Confidential Reference Form #1

Name of Applicant: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? Personal and professional. ***(We cannot accept references from family members. Thank you for your understanding.)***

What strengths do you think the applicant will bring to our hospital as a volunteer?

On a scale of 1 to 5, 1 being poor and 5 being excellent, rate the applicant on the following:

- | | |
|--|----------------------------------|
| ___ Interaction with other people | ___ Verbal communication skills |
| ___ Likely to follow through on commitment | ___ Written communication skills |
| ___ Ability to work independently | ___ Reading skills |
| ___ Ability to take direction | ___ Overall attitude |

Do you have any reservations about recommending the applicant to volunteer at CMC Mercy?

We have strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies? _____

If you reside in the vicinity, would you be interested in receiving additional information about volunteering opportunities with CMC? _____

Additional Comments: _____

Name (*Please print*): _____

Signature

Date

Phone Number

Please return form to:

Jill C. Aleong, Director of Volunteer Services
Carolinus Medical Center-Mercy, Volunteer Services Department
2001 Vail Ave., Charlotte, NC 28207 (Fax: 704-304-6295)



Carolinus Medical Center-Mercy
Confidential Reference Form #2

Name of Applicant: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? Personal and professional. ***(We cannot accept references from family members. Thank you for your understanding.)***

What strengths do you think the applicant will bring to our hospital as a volunteer?

On a scale of 1 to 5, 1 being poor and 5 being excellent, rate the applicant on the following:

- | | |
|--|----------------------------------|
| ___ Interaction with other people | ___ Verbal communication skills |
| ___ Likely to follow through on commitment | ___ Written communication skills |
| ___ Ability to work independently | ___ Reading skills |
| ___ Ability to take direction | ___ Overall attitude |

Do you have any reservations about recommending the applicant to volunteer at CMC Mercy?

We have strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies? _____

If you reside in the vicinity, would you be interested in receiving additional information about volunteering opportunities with CMC? _____

Additional Comments: _____

Name (*Please print*): _____

Signature

Date

Phone Number

Please return form to:

Jill C. Aleong, Director of Volunteer Services
Carolinus Medical Center-Mercy, Volunteer Services Department
2001 Vail Ave., Charlotte, NC 28207 (Fax: 704-304-6295)



Carolinan Medical Center

Volunteer Areas of Service

Carolinan Medical Center offers a variety of volunteer experiences for individuals and groups. Our volunteers work in over 100 departments throughout the hospital. Listed below are samples of some of the assignments, a brief description of the job, days and times in which they are available.

Dietary

Assists with cleaning and straightening of tables, chairs, table decorations and trays. Assists with restocking and wrapping of utensils.

Emergency Department

Waiting Room: Serves as a liaison between visitors, families and patient representatives by providing necessary information about services available and the patient's progress.

Monday through Sunday 8 a.m. to 8 p.m.

Triage: Greets visitors, may assist with registering patients into computer, assists with errands at the direction of the staff, transports patients and escorts family members/visitors to various areas through the hospital. Monday through Sunday 8:00 a.m. to 8:00 p.m.

Major Treatment Area: Circulates around treatment rooms to ensure patient's and family's comfort needs are met. May provide food, drink and warm blankets at the direction of staff.

Monday through Sunday 8 a.m. to 8:00 p.m.

Flower/Mail Delivery

Assists in the delivery of Floral arrangements and mail to patients to help brighten their day. Monday through Friday 1 to 4 p.m.

Gift Shop

Provides friendly and courteous service to customers while helping them select appropriate gifts and flowers. May operate cash register and make correct change, assist staff with inventory control, pricing, display of merchandise and inflating balloons. Monday through Saturday 8:00 a.m. to 7:00 p.m.

Guest Services

Assists guest services staff with patient admissions and discharges. May escort patients, visitors and staff to various destinations throughout the hospital. Position requires the ability to push a wheelchair and a lot of walking. Monday through Sunday 8:00 a.m. to 8:00 p.m.

Care Partner Assistant

Provides support services of a non-clinical nature to nursing staff and patients and their families. Duties may include delivering ice and/or water, placing clean linens on beds after Environmental Services have cleaned them, visiting patients and reading, writing letters, playing games or making phone calls. May also include taking patients for walks, running errands for staff, performing clerical duties and answering call lights. Monday through Saturday 8:00 a.m. to 8:00 p.m.

Pastoral Care

Assists the Pastoral staff in conducting initial patient visits to those patients requesting Pastoral services. Monday through Sunday 8:00 a.m. to 8:00 p.m.

Music

Helps provide a comfortable, pleasant atmosphere through playing relaxing music for families waiting for patients at our Grand Piano in the main lobby as well as playing gentle instruments for patients and families on the nursing floors. Sunday through Saturday, flexible hours

Art Tour Decent

Provides art tours during set tour schedules for patients and visitors acting as an informative guide through many areas of the hospital.

Threads of Hope

Creates knitted items (shawls, wraps) inspired to be powerful agents of spiritual healing for patients. May include knitting off-site, or with the Threads of Hope volunteers at on-site meetings.