

# Carolinas Medical Center Pineville

Dear	Friend
	LITERIC

We appreciate your interest in serving as a volunteer at Carolinas Medical Center - Pineville.

Enclosed is a volunteer application.

Please fill out the application and return it to the Department of Volunteer Services. I will contact you to arrange for an appointment to discuss our volunteer program. At that time you will receive more information and we will have an opportunity to discuss your interests and placement preference. If we are able to place you in our program, your references will be contacted and a background verification will have to be satisfactorily completed.

If you become a CMC - Pineville volunteer an orientation/training session will be arranged.

If I can be of further assistance, please call me at 704-667-0430.

I look forward to meeting with you and pursuing your interest in volunteering at Carolinas Medical Center - Pineville.

Susan B. Morris, CHVM Director, Volunteer Services



# **Carolinas HealthCare System Adult Volunteer Application**

## **Carolinas Medical Center - Pineville**

Last Name	First Name	Da	ate
AddressStreet	City	State	Zip Code
			·
	Work/Ce		
e-mail address:			Birth Date Month/Day
Current Employer (if applicable)			Width: #Bdy
Your Position		Work Days & Hou	rs
I have completed:High	School Some College	e College	Graduate School
Previous Volunteer Experience:			
How did you become interested	in the volunteer program?		
Please give us any other inform	ation you feel would be pertinent	t to your application (intere	ests, skills, training, etc)
Reference Information: (Please	e do not use relatives)		
1. Mr/Mrs/Ms		Telephone ( )	
First Name	Last Name		
Address Street	City	Stat	e Zip Code
	•		·
2. Mr/Mrs/Ms		Telephone(  )	
First Name	Last Name	releptione ( )	
Address			
Street	City	Stat	e Zip Code
Email address			

# 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 **Emergency Contact Information:** \_\_\_\_\_Relationship\_\_\_\_\_ (1) Name Home Phone ( ) Work Phone ( ) (2) Name\_\_\_\_\_\_Relationship\_\_\_\_\_ Home Phone ( ) \_\_\_\_\_\_\_\_ Work Phone ( ) \_\_\_\_\_\_ TIME AVAILABLE: Please( $\sqrt{ }$ ) times available. SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY Morning Afternoon Evening As a volunteer I agree: I will consider as confidential all information which I may hear or see, directly or indirectly, concerning a patient,

I will consider as confidential all information which I may hear or see, directly or indirectly, concerning a patient, 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 ninety 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.



# **Carolinas Health Care System**

## **DEPARTMENT OF EMPLOYEE HEALTH**

### CMC - PINEVILLE

## **HEALTH HISTORY**

### **VOLUNTEER SERVICES**

Last Name	Firs	t Name	
Social Security Number			
Street Address	City		StateZip
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 inform	ation:		
<u>Titer</u>	<u>Had Disease</u>	Vaccinated	Evidence of
Measles (Red)			
Mumps			
Rubella (German Measles)			
Chicken Pox			
TB Skin Test			
Volunteers born in or before 1957 are considered the immunization.	dered immune (or p	rotected) to MMR a	and are not subject to
Volunteers born after 1957 must show evide a titer drawn. If the volunteer lacks proof of a Employee Health will administer the MMR va	any MMR compone	•	,
Volunteers in Pediatrics, Obstetrics, Nursery show evidence of a positive titer or be immunity		have a positive his	tory of chickenpox,
The information provided on this form is corr	ect to the best of m	y knowledge.	
Volunteer Signature		I	Date
EH Comments:			



# **Carolinas HealthCare System**

#### ADULT VOLUNTEER INFORMATION AND 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, Carolinas 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 <u>failure to report a charge</u> 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 <u>failure to report a conviction or sanction</u> will be grounds for immediate termination of my participation in volunteer services program. I authorize the ongoing procurement of the abovementioned reports at any time during my volunteer experience.

Name: Last, First, Mid	ddle (Please Print)
Maiden or Other Name(s) Used:	
Social Security Number:	Date of Birth:
Current Address:	
How long have you lived at this resi (If less than 7 years, please indicate all previous	dence?: addresses during this period below. Please attach an additional sheet if needed.
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How long have you lived at this resi (If less than 7 years, please indicate all previous  Address:	dence?:addresses during this period below. Please attach an additional sheet if needed.
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