



**Carolinus Medical Center
Pineville**

Dear Friend:

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

Susan B. Morris, CHVM
Director, Volunteer Services



Carolinas Health Care System

DEPARTMENT OF EMPLOYEE HEALTH

CMC – PINEVILLE

VOLUNTEER SERVICES

HEALTH HISTORY

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: _____



Carolin's 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, Carolin's 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(s) 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