



Dear Potential Volunteer,

Thank you for your interest in CaroMont Health's Volunteer Program. CaroMont Health includes one of the areas leading medical centers dedicated to patient care, research, teaching and community service.

Volunteers are vital to the success of CaroMont Health's dynamic programs and services. We will work with you to find a placement that fits your personality, needs and goals, while supporting our mission and values. We will make every effort to ensure that your experience with us is meaningful and valuable.

Attached you will find an application, information sheets and reference forms. If you are interested in volunteering, please complete an application and reference forms and submit to Volunteer Services. We will contact you to schedule an appointment to discuss volunteer opportunities. If you have not heard from our office within 7-10 days of mailing your application, please call us to confirm that we have indeed received your application. Following the interview and health screening, you will receive a general hospital orientation.

CaroMont Health values the devotion and many hours of service our volunteers give each year. Thank you for making a difference in your community and for your interest in becoming an important part of our dedicated health care team.

Sincerely,

Traci Agnew
Volunteer Coordinator
CaroMont Regional Medical Center



What are Volunteers?

Volunteers are special folks who serve CaroMont Health (Including Gaston Memorial Hospital, Courtland Terrace, and the Diagnostic Center, etc.), without pay, giving people a helping hand.

What can Volunteers do?

Volunteers can help in many different departments in the hospital. Volunteers can help with general administrative duties, delivering mail to patients, serving coffee to families in waiting areas, visiting patients, as well as many other non-medical duties.

When do Volunteers work?

The Volunteers for CaroMont Health work various schedules depending on the area and type of duties they are assigned. Job assignments are tailored around each volunteers schedule and time they are available to work.

What are the qualifications?

Volunteers must complete an application and reference forms, interview with Volunteer Coordinator, receive satisfactory criminal background check, successfully complete Orientation, complete Tb skin test requirements and drug screen through hospital Employee Health Department prior to volunteering.

What are the rewards?

Personal development, opportunities to learn new skills and gain valuable job experience, exposure to different types of health care careers, personal satisfaction, and a chance to make new friends and give back to the community are just a few of the many rewards of being a Volunteer.

How do I become a Volunteer?

- 1) Fill out an application.
- 2) Have three personal reference forms completed.
- 3) Interview and background check.
- 4) Orientation, Tb skin test and successful drug screen.

If all your questions have not been answered, please feel free to call the Volunteer Coordinator at 704.834.2256 or e-mail to traci.agnew@caromonthhealth.org.



Volunteer Services

Adult Volunteer Application

2525 Court Drive
Gastonia, North Carolina 28054
704-834-2255

Name: _____

Address: _____
Street City State Zipcode

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

Cell Phone: () _____ E-mail Address: _____

In case of **Emergency**, notify: _____ Relationship: _____

Address: _____ Phone: () _____

Education:

High School/GED: _____ Year Completed: _____
College: _____ Year Completed: _____ Degree: _____
Post Graduate: _____ Year Completed: _____ Degree: _____

Other Training: _____

Medical Training: _____

Special Skills/Training/Certifications: _____

Employment:

Current : _____ Position: _____

Supervisor's Name: _____ Phone: () _____

Please check one below:

_____ Yes, you may contact my supervisor regarding my work performance.

_____ No, you may not contact my supervisor regarding my work performance.

Have you every been convicted of or pleaded guilty to a crime? (misdemeanor or felony)

___ Yes ___ No

If yes, explain for each conviction, nature of offense, date(s) of conviction, sentence, and type(s) of rehabilitation, if any. Please include any major traffic violations.

(Note: A conviction will not automatically bar you from volunteering)

How did you hear about our program? (please circle):

Referral Advertisement School Friend Other (Please Specify): _____

Reasons for Volunteering (please circle one):

Community Volunteer Program Community Hours Other _____
Community Involvement Work experience School Requirement

What interests you the most (please check all that apply):

Contact with patients _____ Contact with public _____ Clerical/contact with staff _____

Volunteer areas that interest you: _____

What day(s)/time(s) are you available to volunteer? (please check all that apply)

_____ Monday _____ Morning
_____ Tuesday _____ Afternoon
_____ Wednesday _____ Evening
_____ Thursday
_____ Friday _____ Holidays Only (i.e., Christmas, School Holidays, etc.)
_____ Saturday _____ Weekends Only
_____ Sunday _____ Weekdays Only

Have you ever been a volunteer or employee of CaroMont Health, Gaston Memorial Hospital, or any subsidiaries? _____ Yes _____ No

If yes, please list all previous positions, locations, supervisors and year:

CaroMont Health is committed to work force diversity and does not discriminate against qualified persons on the basis of race, color, religion, sex, national origin, age, disability, veteran status or other factors identified and protected by federal, state or local legislation. **This application will be active for 3 months, after that time a new application will be required.**

- I authorize CaroMont Health to make any inquiry or investigation deemed necessary to consider my volunteer application. This may include contacting former employers and criminal records check. I understand that conviction of a crime will not automatically bar my volunteering. I may still be eligible for volunteering if CaroMont Health determines my conviction could have no bearing to the volunteer position for which I am applying.
- I have completed this application to the best of my ability and acknowledge that any falsehoods made on this application will be grounds for immediate termination or hereby eliminating me from consideration for volunteer work for CaroMont Health.

Signature _____ Date _____
Revised 1/14

VOLUNTEER ACKNOWLEDGEMENT FORM

I _____ hereby acknowledge and proclaim that I am volunteering for CaroMont Health, and agree to the following statements:

- 1) I am volunteering freely and without pressure or coercion, direct or implied, from anyone, including, but not limited to, my employer;
- 2) I am volunteering and performing services for civic, charitable or humanitarian reasons;
- 3) I am volunteering and performing services without promise, expectation or receipt of compensation (wages, benefits, etc.) for services rendered; if I am reimbursed for expenses I incur for or while doing volunteer work, this will not create an expectation of compensation for the services I perform.
- 4) I hereby acknowledge that my request to perform unpaid volunteer work is a voluntary decision on my part. I understand that there is not and will not be any employment relationship or expectation of an employment relationship associated with my performance of volunteer services.
- 5) I understand that I am free to stop performing volunteer work for CaroMont Health at any time. I am under no obligation to continue performing volunteer work for any length of time.
- 6) I understand that I am not eligible for benefits based on my volunteer activities, including health insurance, worker's compensation, disability or other Agency, state or federally sponsored benefits.
- 7) I understand that my volunteer duties may be subject to change depending on my circumstances and the needs of the program or department.

I understand and agree that I have carefully read and fully understand the contents and legal effect of all provisions of this agreement; knowingly and voluntarily agree to all terms in this agreement; and knowingly and voluntarily intend to be legally bound by the same.

Signature

Date

Print Name



Personal Reference Questionnaire

(Please have a friend, co-worker or non-family member to complete and return to the Volunteer Services Department.)

Applicant's Name: _____

Please circle the number in the scale ranging from high to low that reflects your impressions of this prospective volunteer. Few people will fall in the highest or lowest categories. Use these extremes to indicate a significant impression about this person.

	<u>Low</u>		<u>Average</u>		<u>High</u>
Dependability: follows through on commitments.	1	2	3	4	5
Reliability: in accepting responsibility	1	2	3	4	5
Judgement: evidence of good judgement in daily relations.	1	2	3	4	5
Flexibility: adapts to change, accepts people with different values and lifestyles.	1	2	3	4	5
Relating well with others.	1	2	3	4	5

How long have you known this applicant and in what capacity? _____

Do you think this person is suitable to be a volunteer at Gaston Memorial Hospital? _____

If no, why? _____

Additional comments: _____

Signature: _____ Date: _____

Print Name: _____

Daytime Phone Number: _____

Please mail form to:
CaroMont Regional Medical Center
Volunteer Services Department
2525 Court Drive
Gastonia, N.C. 28054

Or, e-mail to:
traci.agnew@caromonthhealth.org



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