

Date applied (For office use only): \_\_\_\_\_

# CaroMont Health

## Volunteer Application

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_ School \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Current School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Current (GPA) grade point average: \_\_\_\_\_

***Before filling out the remainder of this application, please consider the following information very carefully:***

As a Volunteer, I will be a vital part of the hospital staff. I will be expected to act in a professional manner. Considerable effort will be expended to orient and train me in CaroMont Health's procedures. I commit to work at least 3 months in the Volunteer Program.

**Teen Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*BOTH SIGNATURES ARE REQUIRED\*\***

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**NOTE TO PARENTS/GUARDIANS:** Attendance is extremely important in the Volunteer Program. Your son/daughter is needed on his/her scheduled day. It is essential that your Volunteer has transportation on the days they are assigned to work. "I have consulted with my son/daughter and will be able to provide them with transportation to and from the hospital on their assigned days."

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Why are you interested in working as a Volunteer for CaroMont Health? \_\_\_\_\_

\_\_\_\_\_

2. How did you hear about the Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

3. List any volunteer work experience: \_\_\_\_\_

\_\_\_\_\_

4. List any work experience: \_\_\_\_\_  
\_\_\_\_\_

5. List any hobbies/school activities/sports, etc.: \_\_\_\_\_  
\_\_\_\_\_

**Pledge of Confidentiality**

As a volunteer at CaroMont Regional Medical Center and/or CaroMont Health, I am willing to respect each patient's right to complete confidentiality with regard to his/her hospitalization and any facts regarding the reasons for or type of treatment being received. I agree to abide by the motto of CaroMont Regional Medical Center Auxiliary, "What I hear and see here, I leave here."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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We make placements without regard to race, color, age, sex, religion or national origin. We strive to place individuals with physical disabilities.

**For Office Use Only:**

Date Application Received: \_\_\_\_\_

Orientation to Attend: \_\_\_\_\_ June \_\_\_\_\_ December \_\_\_\_\_ Other

Assigned Service & Day: \_\_\_\_\_ TB Test \_\_\_\_\_



Dear Volunteer Applicant:

We are delighted that you are considering the Volunteer Program at CaroMont Health. Our Volunteers commit their time and effort to serve the patients entrusted to CaroMont Health. Not only is their commitment important to the individuals they serve, but also to the community as a whole. We hope that if you decide to enter the program, you will make this commitment.

Our Volunteers work during the school months, Monday through Thursday, from 3:30pm-5:30pm. During the summer months, they work 4 hour shifts Monday through Thursday between 8:30am-5pm. Typically, Volunteers are assigned to one morning or afternoon per week.

Enclosed is an application form, three reference inquiries and two general information sheets. Please fill out the application carefully and have a teacher or guidance counselor fill out the reference forms. Be certain that you and your parents have read all the information and signed in the appropriate places. Return the application, reference forms, and the information sheet regarding your desired schedule to the Volunteer Office. We have a limited number of slots open for each orientation class, so I encourage you to return your application as quickly as possible.

If selected, prior to beginning work you will be required to attend one orientation program. We have two programs per year, one in June and the other in December. If you are not selected for the next upcoming orientation class, we will put your name on the waiting list for the next available class.

We look forward to hearing from you soon.

Sincerely,

Vtcek'Ci pgy "  
Volunteer Coordinator

enclosures:



## Volunteer Program

### **What are Volunteers?**

Volunteers are special teenagers who serve CaroMont Health (Including EctqO qpV'Tgi kqpcr'O gf kcr'iEgpvt, 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 office filing, 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 at CaroMont Health work once a week during the school months from 3:30pm-5:30pm, Monday through Thursday. During the summer months, they work one 4 hour shift per week in the morning or afternoon between 8:30am-5pm on Monday through Thursday. Volunteers do not work on weekends or holidays. Each Volunteer is assigned to work where needed and depending on the Volunteer's ability.

### **What are the qualifications?**

Volunteers must be between 14-18 years old, have parental permission, be dependable, be willing to accept responsibility, and most of all, have a desire to help others.

### **What are the rewards?**

Personal development, opportunities to learn new skills and gain experience, special awards, exposure to health care careers, satisfaction, and a chance to make new friends are some of the rewards of being a Volunteer.

### **How do I become a Volunteer?**

- 1) Fill out an application.
- 2) Have three school teachers or guidance counselors complete a reference form.
- 3) Complete personal interview.
- 4) Complete health history and have current Tb skin test.
- 5) Attend orientation.

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## Volunteer Reference Inquiry

**Instructions to the school:** This student is applying for a position in the CaroMont Health Volunteer Program. This form should be completed by a teacher or guidance counselor who has known the student for at least one year.

Please return completed form to: **Volunteer Coordinator**  
2525 Court Drive  
Gastonia, North Carolina 28054

**Student Name:** \_\_\_\_\_

### Personal Evaluation of Applicant

<b>Evaluation</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Unable to Evaluate</b>
1. Ability to work well with others	_____	_____	_____	_____
2. Initiative	_____	_____	_____	_____
3. Dependability	_____	_____	_____	_____
4. Cooperation	_____	_____	_____	_____
5. Quality of work	_____	_____	_____	_____
6. Ability to learn	_____	_____	_____	_____
7. Honesty	_____	_____	_____	_____
8. Courtesy	_____	_____	_____	_____
9. Neatness/Appearance	_____	_____	_____	_____
10. Maturity	_____	_____	_____	_____

Would you recommend that we accept this student into our program? \_\_\_\_\_

If no, please explain why: \_\_\_\_\_

Would you like to discuss this reference with the Volunteer Coordinator further? \_\_\_\_\_

Daytime phone number where you may be reached: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title & School

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