



<u>FOR OFFICE USE ONLY</u>	
Name tag made:	___/___/___
Trainee uniform:	___/___/___
Regular uniform:	___/___/___
PPD screening:	___/___/___
Hepatitis B series complete, (if required for volunteer position):_____	

Volunteer Application Form

Name _____ / _____
(Last) (First) (Middle) (Nickname)

Sex: M _____ F _____ Today's date: ___/___/___

Home address: (Street) _____ (Apt) _____
 (City) _____ (State) _____ (Zip Code) _____ Phone: (____)____-_____

Occupation: _____ Company: _____

Business address: _____ Work Phone: (____)____-_____

1. Previous experience:
 ♦ As a volunteer: _____

 ♦ As a paid employee: _____

2. Have you ever been employed by Cape Fear Valley Health System? _____ If yes, when? _____

3. Have you any relatives or close acquaintances at Cape Fear Valley Health System? _____ If yes, list names and relationships _____

4. Do you have any special training? _____ If yes, please list _____

5. Are you presently enrolled at a school or university? _____ If yes, list school and course of study. _____

6. How did you hear about the Cape Fear Valley Health System Volunteer Services? _____

7. Have you ever been convicted of any criminal offense? Yes _____ No _____ If yes, give details.
 Examples may include, but should not be limited to: Driving under the influence, worthless checks, assault, driving while license suspended, disorderly conduct, credit card fraud, embezzlement, etc

A conviction record will not necessarily be a ban on your acceptance as a volunteer.

Indicate with checkmarks facilities/programs with which you would prefer to volunteer:

- | | |
|---|---|
| <input type="checkbox"/> Cape Fear Valley Medical Center | <input type="checkbox"/> Behavioral Health Care |
| <input type="checkbox"/> Highsmith-Rainey Memorial Hospital | <input type="checkbox"/> Senior Health Services |
| <input type="checkbox"/> Stanton Hospitality House | <input type="checkbox"/> Blood Assurance Plan |
| <input type="checkbox"/> Southeastern Regional Rehab Center | <input type="checkbox"/> Occupational Health Services |
| <input type="checkbox"/> Home Health/Hospice | <input type="checkbox"/> CFVHS Outpatient Clinics |
| <input type="checkbox"/> Pastoral Care | |

What are your reasons for wanting to become a volunteer with Cape Fear Valley Health System?

Please indicate with checkmarks following your preferences:

(DAYS:) Monday____ Tuesday____ Wednesday____ Thursday____ Friday____ Saturday____ Sunday____
(SHIFTS) Morning ____ Afternoon ____ Evening (5:00 - 8:00 p.m.) ____
Number of hours you are available to volunteer each week:_____
Approximate length of time you are able to commit to volunteering with Cape Fear Valley Health System
(must be available for at least six months):_____

Please indicate with checkmarks your preferences:

- | | |
|--|---|
| <input type="checkbox"/> No patient contact | <input type="checkbox"/> Solitary work projects |
| <input type="checkbox"/> Limited patient contact | <input type="checkbox"/> Assignment with no physical activity |
| <input type="checkbox"/> Heavy patient contact | <input type="checkbox"/> Assignment with limited physical activity |
| <input type="checkbox"/> No visitor contact | <input type="checkbox"/> Assignment with much physical activity |
| <input type="checkbox"/> Limited visitor contact | <input type="checkbox"/> Filing, shredding, answering phones, taking messages, and typical office job functions |
| <input type="checkbox"/> Heavy visitor contact | <input type="checkbox"/> Light computer data entry |
| <input type="checkbox"/> Limited staff interaction | <input type="checkbox"/> More concentrated computer assignment |
| <input type="checkbox"/> Heavy staff interaction | <input type="checkbox"/> Short term special projects |
| <input type="checkbox"/> Limited volunteer interaction | <input type="checkbox"/> Clerical projects/work |
| <input type="checkbox"/> Heavy volunteer interaction | |

References: To be acceptable can not be your relative and must have known you for at least five years.

1.			() -	
2.			() -	
3.			() -	

Please Read and Sign:

I hereby certify that the information given in this application is fully and correctly answered. I understand that any misrepresentation, omission or misstatement, whether intentional or not, is grounds for rejection of my application or termination of my volunteer status if such an occurrence is discovered at a later date. If, in the judgement of the Health System, any information contained herein is found to be untrue, incorrect, or incomplete, I may be refused acceptance as a volunteer or subject to dismissal if already a volunteer. I voluntarily authorize Cape Fear Valley Health System to investigate all information contained in this application. I authorize my present and former employer and/or three references listed on my application to release any information pertaining to my work record and performance to Cape Fear Valley Health System, and release those employers and references from liability unless such information is provided with knowledge that it is false.

I understand that the first fifty hours of volunteer service will be considered as a period of probation. I agree to submit to any physical examination as required by the Health System and, if accepted as a volunteer, I agree to abide by all present and subsequently issued or revised Health System and Volunteer Department policies.

I understand that a criminal check will be conducted.

I further understand that I may be dismissed as a volunteer with or without cause or with or without notice at anytime, at the option of either the Health System or myself. I understand that no representative of the Health System has authority to enter into an agreement with me for volunteer service for any specified period of time, or to make any agreement with me contrary to the foregoing.

Finally, I understand that my application will remain active for no longer than three months from this date, and should I desire to be considered for volunteer service thereafter, I must reapply in the same manner.

Cape Fear Valley Health System is an Equal Opportunity/Affirmative Action Employer. All decisions to accept individuals as volunteers are based on individual qualifications without regard to race, color, sex, national origin, age, religious belief or disability.

Signature of Applicant: _____ Date: _____