

1304 West Bobo Newsom Highway- Hartsville, SC 29550 843.339.2100

## **Volunteer Application**

Date:							
Name:							
Last	First	Middle					
Address:							
City:	: State:			Zip:			
Birthday:	Home Phone:		Cell:				
E-mail Address:			_				
If presently employed, name of business:			Work Phone:				
Position:	Work Hours	s and Days:					
Emergency Contact:			Phone:				
Education: High School:		College:	D	egree:			
Personal Reference: Name	::		Phone:				
Address:	City:		State:	Zip:			
Primary Care Physician's R	eference:		Phone:				
Address:	Citv:		State:	Zip:			



## **Available Times to Volunteer:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							

Volunteer areas that you are interested in at this time. (List of opportunities attached). Please note that we ask you work a minimum of 1 year at 3 hours per week.

What do you hope to gain from your volunteer experience?

Would you be willing to work on special fundraising projects such as jewelry or art sales?

YES\_\_\_\_ NO\_\_\_\_

What prompted you to inquire about our volunteer program?

Are you acquainted with any of the current Auxiliary members?

YES\_\_\_\_\_ NO\_\_\_\_\_ If yes, which Volunteer? (Name)\_\_\_\_\_\_



## PLEDGE OF CONFIDENTIALITY

As a Volunteer at Carolina Pines Regional Medical Center, it should be clearly understood that patient confidentiality is of the upper most importance in our facility. HIPPA (Health Insurance and Accountability Act of 1996) protects patients' rights with regard to their health information. All volunteers should be aware of their responsibility to maintain confidentiality of any data or patient information (admitting, diagnosis, prognosis, etc.) and the legal penalties which may be assessed for unauthorized disclosure of patient information. Penalties of not more than \$1,000.00 and/or imprisonment for not more than six months, as outlined in section 1160(b) of the Social Security Act, may be imposed, for disclosure of any patient information. I understand the importance of this statement and will maintain confidentiality at all times.

Signed: \_\_\_\_\_

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

Comments:

The above information is accurate and correct to the best of my knowledge. I understand that if my application for membership in the Carolina Pines Auxiliary is accepted, I will be required to have a twostep PPD and complete a background check, as well as attend a one day orientation. The tests will be performed at the expense of the facility.

Signed: \_\_\_\_\_\_

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

Your signature indicates your approval for us to check references and do a background check. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the positions offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

To be completed by Volunteer staff:

Interviewer:	Date:			
Area of Accimment:	Date & Time to Work:			
Area of Assignment:				



## **Volunteer Opportunities**

- Visitor Information Desk- Located in our front lobby area; greet persons entering the building, assist with patient room numbers, give directions to areas in the facility, assist with any questions visitors may have about the building or where services are located. Monday-Friday 9:00am-5:00pm
- Outpatient Waiting- Located in Outpatient Waiting area; work with staff to keep family and visitors informed of surgery patients' status. Direct family members to consultation rooms when physicians are available to speak with them, call family members to go back when patients return from surgery, assist nursing staff with preparation of patient folders, assist visitors in finding services in the facility. Monday-Friday 9:00am-2:00pm
- Admitting- Located in the Admitting area; greet patients, family members, and visitors entering the building. Assist admitting staff in directing patients to service areas, provide wheelchair assistance when needed for patients, run errands for staff, secure wheelchairs and place in proper storage area for future use. Monday- Friday 9:00am-12:00pm
- **Gift Shop** Located near front lobby area; greet everyone entering the Gift Shop, assist in running the shop through customer service, running cash register, stocking merchandise, wrapping gift items, and providing suggestions for potential buyers. **Monday- Friday 9:00am-6:00pm (9:00am-4:00pm Winter Hours)**
- **Goody Cart-** Cart and supplies are stored in the Volunteer Room across from the Gift Shop; stock cart for daily rounds, secure change from Gift Shop; push cart around the facility offering snack service to all patient care areas on the first floor; assist potential customers with purchases, take cart to patient floors offering service to staff, visitors, family members, and patients if their dietary care allows. Provide correct monetary exchange for purchases. **Monday-Friday am-pm if available**
- Magazines/Newspapers- Cart is stored in Volunteer Room across from Gift Shop; secure newspapers from local newspaper office, stock cart with newspapers and magazines for delivery to the floors. Push cart to patient floors and deliver to patients who are interested in receiving one. Newspapers are delivered two times each week. Wednesday and Friday (Full)
- **Cardiac Rehab** Located in the Medical Office Building, adjacent to the facility, open to any patient who has completed the Rehab program; encourage new patients through your example, assist patients with equipment and proper exercise techniques, assist with applying telemetry leads before exercising, remind patients of their next appointment time. **Monday-Friday am (Full)**
- Medical Office Building- Located in the building adjacent to medical facility; act as a receptionist in front lobby area, greet visitors and patients entering the building, assist patients in locating physician offices, give directions to services in the building as well as in the hospital, offer assistance to anyone needing a wheelchair, locate wheelchairs when needed. Monday-Friday am and pm