***CARROLL COUNTY MEMORIAL HOSPITAL***

***Volunteer application***

***In Cooperation with Carroll County Memorial Hospital Auxiliary***

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| **Volunteer Application Packet** |

**Carroll County Memorial Hospital** (CCMH) offers opportunities for volunteer work that helps promote the well-being our patients and their families by supporting the organization’s Mission and Core Values.

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| **Mission:**  CCMH is Dedicated to the Health and Well-being of All We Serve  **Vision:**  To Be the Premier Healthcare Destination  **Core Values:**   1. **Integrity** 2. **Compassion** 3. **Always** 4. **Respect** 5. **Excellence** |
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**Eligibility:**

* Volunteers must be at least:
  + 18 years of age for Adult Volunteer Program
  + 14-21 years of age for Teen Volunteer Program
* Volunteers must be able to pass a criminal background check.  
  \*CCMH requires background checks for all employees and volunteers. The purpose of the background check process is to identify any felony or related misdemeanor criminal convictions that an individual may have. Applicants will be asked to complete a background information and consent form at the interview.
* Employee Health Clearance - Certain immunizations required.
* Volunteers must be able to speak and read English sufficiently to fulfill their volunteer assignment

**Becoming a Volunteer:**

* Step 1: Complete the Volunteer Application
* Step 2: Interview Process

After the prospective volunteer has submitted an application, the applicant will be contacted within 3-4 weeks by a member of the Volunteer Services staff to do an interview over the phone. The objective of the interview is to get general information about why the applicant would like to volunteer and to discuss availability. This interview will also give the applicant a chance to ask any additional questions they may have.

* Step 3: Orientation

Once the interview has been completed, CCMH will send out a referral form to the personal reference provided on the application. In addition, a background information form and Safety Review will be provided for the applicant to fill out. Once we have received all paperwork back from the applicant and personal reference, the applicant will be invited to a Volunteer Orientation. This process does take time to complete. If you have any questions about your application status, please contact Christy Isaacs, Director of Marketing and Development, 542-1695 ext. 3002.

Orientations are held on a scheduled basis. The orientations take about 8 hours from start to finish. At the orientation/training session you will receive information about CCMH volunteer requirements, infection control, universal precautions, confidentiality, hospital codes, medical legal guidelines and fire safety.

You will be asked to provide the following health immunization records\*

* TB test result (older than 12 months) or Doctor's Note and/or Chest X-Ray.
* Vaccination records for Measles, Mumps, Rubella 2 vaccination records for Varicella (if you have not had chicken pox)
* Hepatitis B record (Required for **High Risk Clinical Areas** only)
* Step 2: Getting Started

Volunteering may begin once the prospective volunteer has completed the following.

* Attended a Volunteer Orientation.
* Background Check cleared.
* Employee Health cleared.
* Issued a photo ID badge by Human Resources.

**Application Instructions:**

***READ THESE INSTRUCTIONS CAREFULLY AND FOLLOW THEM THOROUGHLY!***

***Application Form***Please read all questions carefully, and answer them as completely as you can. Use pen and PRINT your answers, or use a typewriter. Remember that your completed application will represent you to the Volunteer Committee. Deliver your completed application directly to CCMH Human Resources office.

***Letters of Reference***Choose two (2) people to write letters of reference for you. As a Teen Volunteer: It is strongly recommended that one letter come from a teacher or other school employee and one letter come from an employer or friend (non-family related) who knows you through work or volunteer activities. The identified individuals will receive a reference request from CCMH Human Resources. Once the reference request is completed and received by CCMH Human Resources your completed application will be forwarded to the Volunteer Committee for the interview process.

***Transcripts of Grades (Teen Volunteers)***Your application must include school transcripts. While grades are not a qualification of the Volunteer Program, it does provide in-sight into character and motivation.

***Personal Statement***Write a statement explaining the reasons you are applying to become a volunteer. This may include your plans for the future, and your short and long term goals. You should also include any other information about yourself, your family and background, your education, your achievement, etc. which will help the Volunteer Committee to evaluate your potential.

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| **Volunteer Application Form** | |
| **Instructions:**   * Please read all questions carefully. * Answer questions completely. * Use pen and PRINT your answers, or use a typewriter. | * Please deliver your completed application, transcript, student personal statement, and letters of recommendation to our front desk. |
| **Personal Information** | **Educational Information** |
| Name | High School: Graduated: Yes 🞏 No 🞏 |
| Street Address | College(s)attended or applied to: |
| City, State Zip |  |
| Phone Number (Home) E-mail Address | Trade / Vocational School(s) attended or applied to: |
| Phone Number (Cell) |  |
| Parent/Guardian Name(s) or Emergency Contact: | Major area of Study? |
| Date of Birth: (Month/Day) | What is your career or intended career? |
| Are you a U.S. citizen? Yes 🞏 No 🞏  If not, are you a permanent resident? Yes 🞏 No 🞏 |  |

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| **Activities, Interests, Awards, etc.** | **(use additional sheets if necessary** |

1. List organizations, clubs, extracurricular, and community activities in which you have been active (including any school offices held):
2. Describe why you are interested in volunteering at CCMH:
3. Please list activities, honors, or awards you have participated or received:

**Work Experience:**

Are you currently employed? Yes 🞏 No 🞏

If so, list employer(s), type of job, and hours per week you work:

What types of past employment have you had?

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| **References** | |
| Name | Address |
| Name | Address |

In submitting this application for review, I agree:

* That the information contained in it is true, to the best of my knowledge.
* I have enclosed these required portions of the application:

🞏 Completed Application Form

🞏 Transcripts (Teen Volunteers only)

🞏 Personal statement

🞏 Letters of reference requests

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Name (Printed) Signature Date

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Parent/Guardian Name Signature Date

(If under the age of 18)

**Questions? Call Christy Isaacs at 660-542-1695 or email at christyi@ccmhospital.org**