

CCMH CHILDCARE CENTER

VOLUNTEER PROGRAM



www.carrollcountyhospital.org/community/ccmh-childcare-center

CCMH Childcare Center offers opportunities for volunteer work that helps promote the well-being of our children and families by supporting the organization's Mission and Values. Thank you for your interest in volunteering with CCMH Childcare Center. Volunteers play a vital role in making our organization thrive. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence, and your completed form will be held securely and confidentially in our care.

Mission:

CCMH is Dedicated to the Health and Well-being of All We Serve

Core Values:

- Integrity
- Compassion
- Always
- Respect
- Excellence

Eligibility:

- Volunteers must be:
 - ◇ At least 18 years of age for Adult Volunteer Program
 - ◇ 14-17 years of age for Youth Volunteer Program
- Volunteers who **will** be in the facility on a regular, recurring basis (beyond 16 hours) will be required to undergo a criminal background check; register with Missouri's Family Care Safety Registry; and attend a general orientation.
- Volunteers who **will not** be in the facility on a recurring basis (i.e. one-time event or an event away from the hospital) will be exempt from completing the background check; registration with Missouri's Family Care Safety Registry; and attending a general orientation.
- Youth volunteers under the age of 16 may work between 7 a.m. and 7 p.m., no more than 8 hours on non-school days, no more than 3 hours on school days, and no more than 6 days a week.

- Background and Health Clearance

- ◇ Students age 14-17—Background check and negative TB test results with parental consent.
- ◇ Adults age 18 and older—Background check and negative TB test results.

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 2 weeks 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, we will schedule a time for the applicant to turn in and sign the necessary documentation (noted in the Eligibility section). Once we have received all paperwork back, the applicant will be invited to Orientation. If you have any questions about your application status, please contact Kate Lyons, Community Outreach Coordinator, at 660-542-1695 ext. 3970.

At Orientation, you will receive information about volunteer requirements, universal precautions, confidentiality, and emergency preparedness.

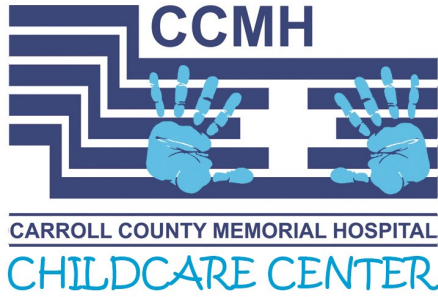
Step 4: Getting Started

We will keep the applicant's information on file and call when a volunteering opportunity is available. Once the prospective volunteer has completed the following, the applicant is eligible to begin volunteering:

- Attended a Volunteer Orientation.
- Background Check cleared.
- Employee Health cleared.

If you have any questions about volunteering or your application status, call Kate Lyons at 660-542-1695 ext. 3970 or email katel@ccmhospital.org.

Volunteer Application



For office use only:

Date application was received: _____

Interview date: _____

Background & health cleared: _____

Placement date: _____

CONTACT INFORMATION

Name: _____ Phone number: _____

Are you at least 18 years of age?: _____ If not, are you at least 14 years of age?: _____

Street Address City State Zip

Email: _____ Occupation: _____

Emergency Contact:

Name Phone number Relationship

VOLUNTEER INTERESTS AND EXPERIENCE

Where did you learn about our volunteer opportunities?

Have you volunteered in a childcare setting before? If yes, where?

Why are you interested in volunteering at CCMH Childcare Center?

AVAILABILITY

Number of hours available per month: _____

Time of day you are available (please circle one, or both): morning or afternoon

Please check which days of the week you are able to volunteer:

Sun ___ Mon ___ Tues ___ Wed ___ Th ___ Fr ___ Sat ___

Signature: _____ Date: _____

Parent/Guardian Signature (Youth Only): _____ Date: _____

Return completed applications to: Carroll County Memorial Hospital, Attention: Volunteer Programs, 1502 N. Jefferson, Carrollton, MO 64633 or email to katel@ccmhospital.org.