

# **Volunteer Application**

I am applying to volunteer my services at:

- ☐ Bluffton Medical Campus
 ☐ Coastal Carolina Hospital
 ☐ Bluffton-Okatie Outpatient Center  
☐ Tidewatch Emergency Dept
 ☐ Hilton Head Hospital

Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐

Last Name _____	Address: Street _____
First Name _____	City _____
Middle Initial _____	Zip _____
Birth Date _____ (month/day)	Community _____
Telephone _____	E-mail Address _____
Cell Phone _____	Spouse Name _____ (if applicable)

Do you care to help w/ Auxiliary projects? Fundraising Events ☐ Board / Committees ☐ Community Health ☐

Why do you wish to volunteer? \_\_\_\_\_

Were you referred by someone? ☐ No ☐ Yes - If Yes, by whom? \_\_\_\_\_

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Interests, hobbies, special skills: \_\_\_\_\_

Two references (not relatives):	Name _____	Email _____
	Name _____	Email _____

Any physical / developmental concerns that might keep you from performing Volunteer tasks? ☐ No ☐ Yes - If Yes, please explain: \_\_\_\_\_

Permanent Resident? ☐ Part-Time? ☐

If part-time, what months are you available?

Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Would you like assignment as a Regular? ☐ Substitute? ☐

**I'm available these days/times of day:**

	<u><b>A.M.</b></u>	<u><b>Aft.</b></u>	<u><b>Eve.</b></u>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Would you prefer to:**

Serve in a Hospital Department ☐  
 Serve at the Front Desk ☐  
 Serve in the Gift Shop ☐  
 Drive the Trolley ☐

**In case of emergency notify:**

Name \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

**By volunteering,** I intend to donate my time without expectation or promise of remuneration or compensation.

Signed: Volunteer Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signed: Director of Volunteers \_\_\_\_\_ Date \_\_\_\_\_

## **Addendum to Volunteer Application**

Hilton Head Regional Healthcare is committed to providing our guests with the level of service they expect and deserve. As a volunteer, you are to practice the service standards listed below and in the TEAM Handbook (provided at orientation).

1. Demonstrate courteous, polite, friendly and cooperative behavior toward others.
2. Recognize guests immediately, introduce yourself and give the person your full attention. If occupied, acknowledge those entering the department and tell them you will be with them as soon as possible.
3. Answer the telephone with the department name, your name, and state that you are a volunteer.
4. Personally escort our guests to their destination whenever possible.
5. Exhibit good communication and listening skills.
6. Maintain good relationships within your own and other departments. Display initiative and offer assistance.
7. Maintain appropriate and professional relationships with physicians. Do not solicit medical advice and/or prescriptions from staff physicians.
8. Do not discuss confidential information except on a "need to know" basis.
9. Take an active role in problem solving. Actively assist with the achievement of hospital and departmental goals.
10. Think and act responsibly, logically and appropriately in both normal and stressful situations.
11. Demonstrate the ability to work with co-workers, setting aside personal differences to support the team.
12. Respond positively to constructive suggestions.
13. Do not discriminate against patients, visitors, co-workers or members of the hospital staff on the basis of race, religion, color, national origin, disability or age.
14. Assist in the maintenance of a neat, clean and attractive environment.

By signing below, I acknowledge that as a condition of volunteering, I will uphold these standards. I understand that if I do not uphold the standards, I will be subject to corrective action, up to and including termination.

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Applicant Name (Please Print Clearly)

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Date

## **A Note to Prospective Volunteers**

Before beginning your volunteer service, a **health assessment** (health history, TB skin test, additional tests as required) is performed by our Employee Health staff.

There is no charge for this health assessment. It is repeated annually, as long as you volunteer with our hospital.

There are two Employee Health sites you may choose to visit:

Hilton Head Hospital: (843) 682-7345

Coastal Carolina Hospital: (843) 784-8218

**For first-time volunteers, the Tuberculosis test is given in two parts**, a requirement of SC DHEC (Dept of Health and Environmental Control):

1. Receive Skin Test #1. Return 2-3 days later, to have test "read" for positive or negative reaction.
2. Wait 1 - 3 weeks following the reading of Test #1
3. Receive Skin Test #2. Return 2-3 days later, as you did the first time.

TB tests are repeated in the autumn season each year (provided at the time of flu vaccination) and are just "one-part."

[Note: volunteers living near Sun City may have the "reading" done at the Primary Care office at our Bluffton-Okatie Outpatient Center; the TB test/s must be placed at one of the hospitals.]

### **NOTES:**

Persons who test positive for TB: Employee Health will review symptoms with you and, if needed, arrange for you to receive a chest x-ray (no charge).

Persons who have TB tests done elsewhere: Employee Health will discuss your status relative to the SC law; in some cases, that may suffice, or at least count as Test #1.

Persons who are absent from our program for one year or longer will be asked to begin anew with their TB test and health assessment.

**Hilton Head Regional Healthcare**

**VOLUNTEER**  
**BACKGROUND INFORMATION SHEET**

**For All Positions:**

Name as it appears on Social Security card: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: Street / City / State / Zip \_\_\_\_\_

**BACKGROUND & CREDIT CHECK DISCLOSURE AND AUTHORIZATION FORM**

**DISCLOSURE**

This form, which you should read carefully, has been provided to you because a Tenet Healthcare facility (the "Company") may request consumer reports on you from a consumer reporting agency. The Company will use any such report(s) solely for employment purposes, including those associated with contractors, students, volunteers, physicians and others performing work for the Company.

Consumer reports on you will be obtained by the Company from HireRight, Inc., ("HireRight") located at 2100 Main Street, Suite 400, Irvine, CA 92614. They can be contacted at 1 800-400-2761. Information that may be obtained includes social security number verification, criminal records, public court records, educational records, verification of employment positions held and verification of licensing and certifications. The information contained in these reports may be obtained by HireRight from private and/or public record sources including sources identified by you in your job application.

- A credit history will be procured only if the position you are applying for has fiduciary or cash handling responsibility, you would be issued a corporate credit card once employed, or if you will be entering into a relocation agreement.
- A driving records check will be procured only if the position you are applying for requires a valid driver's license.

**AUTHORIZATION**

By signing your name below you:

- Indicate you have carefully read and understand this Disclosure and Authorization form
- Consent to the release of consumer reports to the Company in conjunction with your application
- Understand that if the Company hires you, your consent will apply throughout your employment unless you revoke or cancel your consent in writing by sending a signed letter or statement to the company
- Authorize the disclosure to HireRight of information concerning your employment history, earning history, education, criminal history, credit history (when pertinent to the position being applied for) and motor vehicle history (when pertinent to the position being applied for).

This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_