

APPLICATION FOR VOLUNTEERISM

Carolinas HealthCare System Blue Ridge ensures all applicants equal opportunity and consideration for volunteerism and does not discriminate on the basis of age, race, color, religion, gender, national origin, disability, disabled or Vietnam era veteran status, or any other legally protected status.

Please Print All Required Information – Incomplete applications will not be processed.

Today's Date: _____

Position(s) Applying For: Patient and Family Advisor

Day and Time Preference: Mon ____, Tues ____, Wed ____, Thurs ____, Fri. ____,
Sat ____, Sun ____

Hours _____

***Check location you are applying to:**

- Phifer
- Morganton Hospital
- Grace Heights
- Grace Ridge
- Valdese Hospital
- College Pines
- ANY Location

Can you work weekends? ___Yes ___No

Date available for work: _____

Can you work holidays? ___Yes ___No

Personal Information

Last Name	First	Middle	Other Names (by Which You Have Been Known)
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Address: Street	City	State	Zip
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() Telephone Number	() Alternate No. To Contact	Email Address
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Are you 18 years or older? ___Yes ___No

Have you ever been fired or dismissed by a former employer? ___Yes ___No

Have you ever worked for Carolinas HealthCare System Blue Ridge affiliate? ___Yes ___No If so, which facility and when: _____

List any relatives currently employed by Carolinas HealthCare System Blue Ridge Affiliate. Please include name, relationship, and facility/department:



Have you ever been convicted of any criminal violation of law (misdemeanor, alcohol or drug-related traffic or felony), or are you now under pending investigation of charges for violation of any criminal law? Yes No If yes, explain:

Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? If yes, explain:

(NOTE: A violation of the law is not an absolute bar to volunteer and will be considered in relation to specific job requirements.)

Employment History (Please List Most Recent Position First)

Beginning with most recent or current job, list your employment history.

Company Name: _____

Title: _____ City: _____ State: _____ Zip: _____

Telephone No. _____

Employment Dates:

From: _____ To: _____ Position Title: _____

Describe Principal Duties or Responsibilities:

Reason for Leaving: _____

Company Name: _____

Title: _____ City: _____ State: _____ Zip: _____

Telephone No. _____

Employment Dates:

From: _____ To: _____ Position Title: _____

Describe Principal Duties or Responsibilities:

Reason for Leaving: _____

References:

Name: _____

Address: _____

Occupation: _____ Relationship: _____

Daytime Phone: _____

Name: _____

Address: _____

Occupation: _____ Relationship: _____
Daytime Phone: _____

References:

Name: _____

Address: _____

Occupation: _____ Relationship: _____

Daytime Phone: _____

High School Attended: _____

Name

City/State

Graduated? ___ Yes ___ No

Check # of Years Completed: 9 10 11 12

If GED, Date Received: _____

College/Other Schools Attended:

Date degree granted:

Major/Type of degree:

Professional Information

License / Registration / Certification

Issuing State / Organization

Number Expiration Date

If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification? Yes No If yes, please give the date, location, and disposition of your case.

If not currently registered, licensed or certified, are you eligible? ___ Yes ___ No

Volunteer History

Special Skills

- Sign Language Sewing Crafts
- Bilingual: Fluent Languages _____ Speak Read Write
- Word Processing:
 - Database applications Spreadsheet applications Software packages:
- Typing: _____ WPM
- Medical Terminology Composing Newsletters
- Transcription Organizing Special Functions
- Dictaphone Working with Children
- Specialized health care equipment:

CONFIDENTIALITY/HIPPA STATEMENT

I recognize and acknowledge that I may have access to confidential information regarding Carolinas HealthCare System Blue Ridge, patients, residents, doctors, employees, or others. Such information must not be discussed except as necessary in the performance of my services/duties. Therefore, except as directed by my director, I will not at any time disclose any confidential information (be particularly careful about conversation in the cafeteria, elevators and other public places) to any person whatsoever, or permit any person to examine or make copies of any information coming into my control. Disclosure of such information may result in the termination of my services.

Signature: _____

Affiliation: Volunteer

Print Name: _____

Date: _____