

**Volunteer Program
Application**



Instructions

- ◆ Complete electronically or print neatly in black ink.
- ◆ Submit completed application to your Guidance Counselor or Intern Coordinator.
- ◆ Thank you for your interest in the CVMC Volunteer Program!

SECTION I		Personal Information	
<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Application Date</i>
<i>Street Address</i>		<i>City, State, Zip Code</i>	
<i>Mailing Address, if different from above:</i>		<i>Name of School You Currently Attend</i>	
<i>Email Address of Student</i>		<i>Email Address of Parent</i>	
<i>Home Telephone</i>	<i>Expected Year of Graduation</i>	<i>Are you a minimum of 14 years old and a rising freshman?</i>	
		<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Emergency Contact Name</i>	<i>Phone Number</i>	<i>Address</i>	<i>Relationship</i>
<i>Emergency Contact Name</i>	<i>Phone Number</i>	<i>Address</i>	<i>Relationship</i>

SECTION II	Applicant Statement
◆ <i>In your own words, share the reason you are interested in serving as a Catawba Valley Medical Center Volunteer</i>	

SECTION III		Background
Are you related to any CVMC employees? If so, list their name(s) and department(s):		
Name		Department
1.		
2.		
Have you ever been suspended from school?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please share the reason:
Have you ever been convicted of a misdemeanor or felony?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please share the reason:

SECTION IV					Availability				
The schedule is usually 4 hours but requests may be submitted to work less or more hours. Please indicate your preferred days and shift hours for volunteering by marking your choice in the blank box below. Mark all that apply.									
<i>Monday Morning</i>	<i>Monday Afternoon</i>	<i>Tuesday Morning</i>	<i>Tuesday Afternoon</i>	<i>Wednesday Morning</i>	<i>Wednesday Afternoon</i>	<i>Thursday Morning</i>	<i>Thursday Afternoon</i>	<i>Friday Morning</i>	<i>Friday Afternoon</i>
8:30-12:30	12:30-4:30	8:30-12:30	12:30-4:30	8:30-12:30	12:30-4:30	8:30-12:30	12:30-4:30	8:30-12:30	12:30-4:30

SECTION V		Assignment Preferences
Assignment locations are according to hospital need and change every year. Below is a listing of general duties performed according to assignment. Please note that most assignments will be of a clerical nature. While you may be placed in a Clinical Department, Volunteers do not provide direct patient care. Please indicate your preference. Mark all that apply.		
Clinical Departments <input type="checkbox"/>	Duties may include: assisting Pharmacy with filling prescriptions; assisting clinical departments with cleaning and stocking carts used for patient care; cleaning storage areas; and transporting patients and specimens as directed which could result in contact with Blood and Body Fluid Exposure. Volunteer's duties may reasonably result in anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.	
Non-Clinical Departments <input type="checkbox"/>	Duties may include: answering telephone; greeting customers; filing; notebook assembly; pulling staples; basic computer data entry; deliveries; and basic food preparation. Volunteer's duties do not have reasonably anticipated occupational exposure to blood and body fluids.	

SECTION VI	Applicant & Parent/Legal Guardian Release
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I certify that all answers and statements in this application are true and complete. I understand that any falsification, omission or misrepresentation of facts in this application or during the pre-approval process and/or physical examination or any other aspect of the approval process may be grounds for rejection of my application.

I authorize Catawba Valley Medical Center to make any inquiry or investigation deemed necessary to consider my application. This may include contacting former teachers. I authorize former teachers and schools to release information to Catawba Valley Medical Center upon request regarding my academic records, attendance, personal evaluations or other related information. I release from liability and/or damages all parties which may give information regarding my application.

Opportunities for Volunteers are provided without regard to race, gender, religion, age, national origin, sexual orientation or disability. Furthermore, I understand that while every attempt will be made to place me in the assignment area of my choice, assignments are made on an as needed basis.

I have read, understand and certify that all information is correct and true and that I agree with the above statements in their entirety.

Print Applicant Name	Applicant Signature	Date

As the parent/legal guardian of this applicant, in addition to the above statement, I further certify that this minor has not been charged with any offense involving mistreatment, violence, nor any other act that might be relevant to the role that the volunteer is expected to fill while at Catawba Valley Medical Center. I further understand that every effort will be made to assign my child to their area of preference but that all assignments are made on an as needed basis.

Print Parent/Legal Guardian Name	Parent/Guardian Signature	Date

SECTION V

Guidance Counselor/Intern Coordinator Approval

I have reviewed this student's application, teacher references and school records and believe them to meet the requirements to participate in the CVMC Volunteering Program.

<i>Print Guidance Counselor/Intern Coordinator Name</i>	<i>Guidance Counselor/Intern Coordinator Signature</i>	<i>Date</i>