



Dear Prospective Volunteer Chaplain,

Thank you for your interest in the Volunteer Chaplain program at Northern Regional Hospital. Our Volunteer Chaplains graciously commit their time and effort to serve our hospital and patients by providing spiritual care when needed.

Not only is a volunteer chaplain's commitment important to the individuals they serve, but also to the community as a whole. A well-run hospital is an asset to any community and we are fortunate to have an excellent facility in Surry County from which to obtain quality health care services.

Volunteer chaplains can be an invaluable addition to the hospital team when you consider the volunteer opportunity to be a priority in your schedule. All volunteer chaplains should approach their work with the goal of providing excellent service to the patients, visitors and staff of our hospital while meeting their spiritual needs. To better serve the needs of our patients, we ask that volunteer chaplains have a response time of 30-minutes or less when on call.

Please return the completed application to the Manager, Volunteer Services. After your application has been reviewed, the Manager will be in touch concerning a screening interview. Once you have secured a volunteer position, you must attend an orientation session, as well as pass a criminal background check, drug screen, and TB screening.

Again, thank you for your interest in the Volunteer Chaplain program at Northern Regional Hospital. For questions, please contact the Manager, Volunteer Services at 336-783-8196. We look forward to welcoming you as one of our newest volunteers!

Tina L. Beasley

Tina L. Beasley
Manager, Volunteer Services
Northern Regional Hospital
830 Rockford Street
P.O. Box 1101
Mt. Airy, NC 27030



VOLUNTEER CHAPLAIN APPLICATION

Please Print. Entire Application Must Be Completed.

Date ____/____/____

Name (*check one*) Rev. Dr. Mr. Mrs. Miss

(Last)

(First)

(Middle)

Male or Female _____ Date of Birth ____/____/____ Email _____

Current Home Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Cell) _____

Education Completed: High School Some College College Graduate School

Are you presently employed? Yes No Retired

If employed, please complete:

Employer's name: _____ Your position: _____

Employer's address: _____

Have you ever been employed by Northern Regional Hospital? Yes No

Are you currently a student? Yes No If yes, where? _____

Do you have any relatives employed at NRH? Yes No

If yes, please list their name and relation: _____

Days Available (*please circle all that apply*): M T W Th F Time Available: AM PM



Security: Your response to any of these security questions will not automatically disqualify you from volunteering. However, if you answer “No” and a criminal history is found or you answer “Yes” but did not include all convictions you will be disqualified from consideration.

Have you ever been convicted (pleaded guilty or been found guilty) of a misdemeanor or felony? List any and all convictions and provide dates of each. (Including, but not limited to, major traffic violations, writing bad checks, and DWI) Yes No

If yes, explain: _____

Presently, are you charged with committing a criminal offense, misdemeanor or felony?

Yes No If yes, explain: _____

What are your reasons for wanting to become a volunteer chaplain at Northern Regional Hospital?

PLEASE ATTACH A COPY OF YOUR CLERGY LICENSE, ORDINATION, OR CHURCH AUTHORIZATION.



Please provide the name of your church and denomination/faith: *(Please note: Chaplains are not selected based on denomination or faith. Denomination is needed to better serve our patients' individual spiritual need, based on their beliefs.)*

Please list any previous spiritual training (including CPE), skills, and/or experience:



References: List two people other than relatives who would be willing to serve as personal references. If you are not the pastor of a church, please use your pastor as one of your references.

1.

Name	Telephone Number		
Street Address	City	State	Zip Code
E-mail Address			

2.

Name	Telephone Number		
Street Address	City	State	Zip Code
E-mail Address			

Emergency Contact: In the event of an emergency, please list the person you would want notified. .

Name	Relationship		
Home Telephone Number	Business Telephone Number	Cellular Phone Number	



Applicant Agreement

I acknowledge that the answers on this application, and in any interviews that may follow, are true, and that any misrepresentation or false information on my part will be grounds for exclusion from this program. I understand that volunteers are a part of Northern Regional Hospital, and are subject to all rules, regulations and proper authority. My signature also indicates my approval for you to contact my references.

The Volunteer Services Department is not obligated to provide a placement, nor are you obligated to accept the position offered. We do not accept anyone required to perform court-ordered community service. All applications are held for 90 days. The first 90 days of the volunteer experience will be probationary.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

Applicant Signature

Date



**NORTHERN REGIONAL HOSPITAL
STATEMENT OF CONFIDENTIALITY**

In the process of performing your duties at Northern Regional Hospital, it is possible to become aware of and/or overhear many things regarding our patient's confidential health information. **All** of the information concerning patients or hospital business must be held in the strictest confidence and must not be discussed with others in the hospital who do not have a "need to know" or with any individual outside the hospital, or used by employees for personal reasons.

Volunteers who violate the confidentiality of NRH information and/or patient information **will be subject to IMMEDIATE termination of clinical privileges.**

General inquiries concerning patients should be referred to the information desk or the nurse in charge of the unit who will only release information about the general condition of the patient. Calls from the media should be forwarded to the Director of Physician/Community Relations or the Administration Office.

It is your responsibility as an employee or affiliate of NRH to protect our patients and their families at all times by adhering to this statement.

I, the undersigned have read, heard an explanation, and understand this statement of confidentiality of patient and/or hospital information and agree to hold such information in strictest confidence.

Applicant Signature Date

Witness Signature Date



VOLUNTEER BENEFITS

In recognition of their willingness to donate their time and/or present or past service to the Hospital in an official capacity, this policy outlines the benefits available to all volunteers who serve Northern Regional Hospital. The hospital is pleased to offer the following benefits to all volunteers noted above:

- Privilege to make cash purchases at the NRH pharmacy
- Free flu vaccine annually and free Hepatitis B Vaccine series
- A 20% discount on merchandise in the Gift Shop (excluding sale merchandise)
- Free meal in the cafeteria on the day you work. Meal cannot exceed \$7, and you must work a minimum of 4 hours
- Uniforms furnished at no cost
- Annual Recognition during Volunteer Week
- Invitation to annual Recognition Banquet in the spring
- Service awards and recognition patch for uniform
- Access to Employee Health Clinic
- Free Gym Membership for volunteer and spouse at Northern Wellness & Fitness



Medical History Questionnaire

Name: _____

Address: _____

Telephone #: _____ Date of Birth: _____

Personal Physician: _____

Position Applied for: _____

Past and present medical history:

Have you ever had any of the following? Check Yes or No

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
High Blood Pressure	___	___	Neck/back/spine problems	___	___
Allergies	___	___	Fainting	___	___
Asthma	___	___	Eye Problems	___	___
Arthritis	___	___	Glaucoma	___	___
Cancer	___	___	Headaches	___	___
Chronic cough	___	___	Heart trouble	___	___
Epilepsy	___	___	Jaundice	___	___
Diabetes	___	___	Hepatitis	___	___
Ear trouble	___	___	Skin condition	___	___
Rheumatic fever	___	___	Tuberculosis	___	___
Thyroid problems	___	___	Mumps	___	___
Measles	___	___	Stomach/intestine problems	___	___
Chicken pox	___	___	Kidney/bladder problems	___	___
MMR Vaccine	___	___	Fit tested for TB mask	___	___



If you answered yes to any of the above, give details: _____

1. Have you ever been injured on the job? Yes ___ No ___

Who was your employer and what was the approximate date of the injury?

A. Name and address of physician:

B. What part of your body was injured? _____

C. Did you receive worker's compensation benefits? Yes___No___

D. Did you receive any permanent disability? Yes___No___

E. Has a physician ever given you physical restrictions? Yes___No___

If yes, describe _____

2. Have you ever had any problems with your back? Yes___No___

If so, give name of treating physician, approximate date, and any lifting limitations:



3. List any operations and/or serious medical illnesses that you have had, include dates:

4. Are you receiving any medical treatment at this time? Yes___No___

If yes, give reason: _____

5. List all medications you are taking and the reasons:

6. Have you ever been treated for nervous or mental illness? Yes___No___

If yes, explain:

I, the undersigned, do hereby certify that the answers to the above questions are true, and give permission for the medical examination. I authorize release of medical information to this facility, which may be necessary in determining my ability to meet the requirements of the job for which I am applying. I understand that giving false information about my health is grounds for dismissal from Hospital employment.

Signature

Date



**CRIMINAL RECORDS and BACKGROUND RELEASE
AUTHORIZATION and DISCLOSURE**

COMPANY OR ORGANIZATION: _____

I, _____
FIRST NAME **MIDDLE NAME** **LAST NAME (Please Include Jr., Sr., II, III, etc.)**

understand that UNIQUE BACKGROUND SOLUTIONS will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, whichever are applicable, but are not limited to verification of Social Security Number, names and dates of previous/current employment, work experience, professional and personal references, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/Patriots Act, any sanction lists, and drug testing. I understand and authorize that these records may be used for the eligibility and qualification of my employment/contract/volunteering. I hereby authorize, without any reservation, the full release of these records and information for UNIQUE BACKGROUND SOLUTIONS and/or its designated agents or representatives to conduct the searches and investigations and to provide copies of said investigations to my potential employer/organization. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. This authorization and consent shall be valid in original, fax, or copy form.

I also authorize the full release of the information described above, without any reservation, throughout any duration of time with this organization. I also certify that all information provided below or on my resume and employment application is correct to the best of my knowledge. Any false statements provided on this form, my resume or employment application will be considered just cause for the termination of employment at any time. Upon request, UNIQUE BACKGROUND SOLUTIONS will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: UNIQUE BACKGROUND SOLUTIONS PO Box 1604, Mt. Airy, NC 27030 or by phone at: (336) 786-7030

CHECK THIS BOX if you are applying for work with a California, Minnesota or Oklahoma-based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5, 1786.16(a)(5)(b)(1), & 1786.22; MN Code 13C Subdivision 2; OK Code 24 O.S. §148. Background screening information may be obtained through UNIQUE BACKGROUND SOLUTIONS. For information on UNIQUE BACKGROUND SOLUTIONS's privacy policies, visit their website at <http://www.UniqueBackground.com>

Responses to the following questions are completely voluntary. You need not respond to have your application considered. However, law enforcement agencies and other entities, for positive identification purposes, require the following information when checking public records. It is confidential and will not be used for any other purposes.

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month/Day/Year)	PLEASE CIRCLE ONE	RACE
		MALE OR FEMALE	

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

List all addresses, including current address, for the past 7 years. Use the back of this form if more space is needed.

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

Complete if applying for a position that may involve driving a motor vehicle.

DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

APPLICANT SIGNATURE: _____ **DATE:** _____