NORTHERN
REGIONAL HOSPITAL

Dear Prospective Volunteer,

Thank you for your interest in the Volunteer program at Northern Regional Hospital. Our Volunteers graciously commit their time and effort to serve our hospital and patients by helping the professional staff provide quality care. Volunteers greet patients and visitors, deliver flowers and mail, assist with patient transportation, serve patients meal trays, and a variety of other tasks.

Not only is a volunteer'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.

Volunteers can be an invaluable addition to the hospital team when you consider the volunteer opportunity to be a priority in your schedule. All volunteers should approach their work with the goal of providing excellent service to the patients, visitors and staff of our hospital.

While the Hospital appreciates the countless hours of service that have been provided by volunteers to our patients and staff, we also recognize the need to maintain a safe environment for everyone present in the hospital. For this reason, only individuals who are able to walk without an assistive device will have volunteer hours scheduled in the hospital in any capacity. Specifically, those requiring walkers, crutches, canes, or other hand-carried supportive devices for walking will not be qualified to perform volunteer hours in the hospital. Those who are wheelchair-bound and able to maneuver safely and independently, however, will be allowed to work as scheduled.

Please return the completed application to the Director, Volunteer Services. After your application has been reviewed, the Director 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 program at Northern Regional Hospital. For questions, please contact the Department of Volunteer Services by phone at 336-783-8196 or by email at *tbeasley@wearenorthern.org*. We look forward to welcoming you as one of our newest volunteers.

Tina L. Beasley

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

NORTHERN
REGIONAL HOSPITAL

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:

- 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 $10, 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 active volunteer at Northern Wellness & Fitness

NORTHERN REGIONAL HOSPITAL

Adult Volunteer Application

Please Print. Entire Application Must Be Completed.

Date ____/_____/_____

Name _____
(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

Uniform Size S M L XL XXL

NORTHERN
REGIONAL HOSPITAL

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 at Northern Regional Hospital?

_____

_____

_____

_____

_____

_____

NORTHERN
REGIONAL HOSPITAL

References: List two people other than relatives who would be willing to serve as personal references.

1.

Name Telephone Number

Street Address City State Zip Code

Email Address

2.

Name Telephone Number

Street Address City State Zip Code

Email 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 Cell Phone Number

NORTHERN
REGIONAL HOSPITAL

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

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

NORTHERN
REGIONAL HOSPITAL

Volunteer Interest Questionnaire

Please identify the activities that you would like to participate in:

1.	Information Desk	____ very much	____somewhat	____not interested
2.	Surgery Waiting	____ very much	____somewhat	____not interested
3.	Emergency Room	____ very much	____somewhat	____not interested
4.	OB Department	____ very much	____somewhat	____not interested
5.	General Office	____ very much	____somewhat	____not interested
	--typing	____ very much	____somewhat	____not interested
	--photocopying	____ very much	____somewhat	____not interested
	--filing	____ very much	____somewhat	____not interested
	--stuffing envelopes	____ very much	____somewhat	____not interested
	--answering phones	____ very much	____somewhat	____not interested
6.	Delivering Flowers/Mail	____ very much	____somewhat	____not interested
7.	Gift Shop	____ very much	____somewhat	____not interested
8.	Patient Transportation	____ very much	____somewhat	____not interested
9.	Physician Offices	____ very much	____somewhat	____not interested

Please enter any questions or comments you have concerning the program. Also, please list any special skills that you have that may be useful to the patients, visitors, or staff of our hospital (piano, singing, computer skills, flower arranging, etc.)

_____

_____

_____

_____ _____

Applicant Signature Date

NORTHERN REGIONAL HOSPITAL

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

	YES	NO		YES	NO
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	___	___

NORTHERN
REGIONAL HOSPITAL

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:

   _____

   _____

   _____

NORTHERN
REGIONAL HOSPITAL

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

NORTHERN
REGIONAL HOSPITAL®

Disclosure

We **(Northern Regional Hospital)** will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports may include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is Unique Background Solutions. Their address is 958 North Main St. Mount Airy, NC 27030. Their website is www.uniquebackground.com, where you can find information about Unique Background Solutions privacy practices.

To prepare the reports, Unique Background Solutions may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that Unique Background Solutions provides and their files about you (by email, by mail, or by phone) by providing identification to Unique Background Solutions. If you do, Unique Background Solutions will provide you help to understand the files, including trained personnel and an explanation of any codes.

If Unique Background Solutions obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature _____ Date _____

Printed Name _____

NORTHERN REGIONAL HOSPITAL®

Authorization

Authorization: By signing below, I authorize: (a) Unique Background Solutions to request information about me from any public or private information source; (b) anyone to provide information about me to Unique Background Solutions; (c) Unique Background Solutions to provide ***Northern Regional Hospital*** one or more reports based on that information; and (d) Unique Background Solutions to share those reports with others for legitimate business purposes related to my employment, volunteering or other business purpose. Unique Background Solutions may investigate my address history, social security number validity, **criminal background** record, driving record and any other information from public or private information sources. This authorization may also include consenting for drug testing. I acknowledge that a fax, image, or copy of this authorization is as valid as the original. I make this authorization to be valid for as long as I am an applicant, employee, or volunteer with this organization.

Personal Information: Please print the information requested below to identify yourself for Unique Background Solutions.

Printed name: _____
First Middle (☐ none) Last

Other names used: _____

Current and former addresses:

from Mo/Yr	to Mo/Yr	Street	City, State & Zip
	current		
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. Unique Background Solutions will not use it for any other purposes.

Date of birth _____ Social security number _____

Driver's license number & state _____ Name as it appears on license _____

Email address _____

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: ☐.

Signature _____ Date _____