Longview Regional Medical Center

AUXILIARY VOLUNTEER APPLICATION

Dear Volunteer Applicant,

Thank you for your interest in Longview Regional Medical Center's Volunteer Services. Our Volunteers do much to expand programs and increase services to our patients. We are dedicated to providing the highest quality of service and support respecting the dignity, individuality, and cultural diversity of our patients, volunteers, and the community we serve.

The Longview Regional Medical Center Volunteer Auxiliary was organized April 17, 1980 and is a 501(c)(3) non-profit organization. The purpose of the Auxiliary is to assist the hospital in the continuity of exceptional patient care by providing volunteer services and to promote better understanding between the hospital and the community.

Over the years, Auxiliary volunteers have provided hospital assistance in admissions, information desk, ICU waiting, nursery, emergency department, recovery, and delivered patient mail and flowers.

Proceeds from book, jewelry and bath and beauty fairs, have enabled the Auxiliary to provide scholarships to high school seniors entering the medical field. In addition, they have provided financial services and support as well as much needed items for the Longview Fire Department, Hope Haven, Hi-Way 80 Rescue Mission, Ronald McDonald House, Asbury House, Literacy Council, Hope Haven, Relay for Life, Educational Youth Services, East Texas CASA, Longview Cancer Center, House of Hope and many others.

VOLUNTEER SERVICE BENEFITS:

- Increased self-esteem and feel needed and valued as a result of helping others.
- Free meal up to $6 when working a four-hour shift as a volunteer.
- Free flu and pneumonia vaccine.
- Awards Luncheon each April honoring volunteers during National Volunteer Week
- Free uniform jacket or vest.
- If 50 or better, free membership to Senior Circle after one year of providing four hours of service weekly.

VOLUNTEER SERVICE REQUIREMENTS:

- Be of sound mind and body and be able to perform the duties of a Longview Regional Medical Center volunteer in keeping with the hospital's policies and procedures at all times.
- Agree to provide service on an assigned day and shift.
- Attend orientation and in-service education as required by the Volunteer Services Department of Longview Regional Medical Center. Prior to orientation, a drug test and background check must be performed and cleared. A TB test will be given the day of orientation. If you haven't had one within the last six months, you will be required to have two performed. These tests are at no cost to you.
- Wear the name badge and regulation uniform of the Volunteer Department or Auxiliary while on duty as described in the dress code. Your uniform jacket or vest is furnished by the Auxiliary.

DRESS CODE FOR WOMEN: A white blouse to wear under the yellow jacket or pinafore. White slacks or skirt is permissible. Wear white shoes (tennis shoes okay) with natural hose or white socks.

DRESS CODE FOR MEN: White dress shirts are worn under the yellow jacket with white, light gray or khaki trousers. White socks are to be worn with white shoes (tennis shoes okay).

Melinda Whitehurst, Manager of Senior Circle and Volunteer Services
903-232-3776, melinda.whitehurst@longviewregional.com

For Internal Use:
Dept:___________________
Day:____________________
Shift:___________________
Start Date:_______________

CONFIDENTIALVOLUNTEER SERVICES APPLICATION

Return to: Melinda Whitehurst
Longview Regional Medical Center
P.O. Box 14000, Longview, Texas 75607-4000 Office: 903-232-3776
Fax: 1-877-430-9219 Email: melinda.whitehurst@longviewregional.com

First __________________________ Middle ________________ Last ________________________________

Home #_______________________ Cell #___________________ Email_______________________________

Address _________________________________ City___________________ State________ Zip_____________

Emergency Contact _______________________________________ Relationship to you ___________________

Home # _____________________ Cell #_______________________

1. Why are you interested in volunteering? ____

2. Is there anything that may adversely affect your ability to perform volunteer work? No [ ] Yes [ ] – If yes, please describe in detail: ____

3. List any accommodations needed in order for you to safely and competently perform volunteer work as requested: ____

4. Do you have any physical, visual or hearing needs we need to consider? No [ ] Yes [ ] – If yes, please explain:____

5. Are you physically able to transport patients by wheelchair? Yes [ ] No [ ]

6. Check all areas you prefer contact with: Patients [ ] Visitors [ ] Hospital Staff [ ] Clerical/Office [ ]

Education: Check highest level High School [ ] College [ ] Graduate School [ ]

Have you ever worked or volunteered at a hospital? Yes [ ] No [ ]

If yes, please indicate if you were an Employee [ ] or Volunteer [ ]

Hospital Name ______________________Ph#__________Supervisor's Name: __________________________

REQUIRED REFERENCES: You may list former job supervisors, teachers, clergy, friends, etc. Family members and relatives may not provide recommendations.

Reference 1 Name: ____Phone: ___________________

Reference 2 Name: ____Phone: ___________________

Reference 3 Name: ____Phone: ___________________

How did you hear about this volunteer program? ____

When can you start volunteering? ____

Check days and times you are available for volunteering. Each shift is 4 hours.

Shifts	*Sun	Mon	Tues	Wed	Thurs	Fri	*Sat
Morning 8:00am-12:00 pm							
Afternoon 12:00-4:00 pm							

*Limited number of Saturday and Sunday positions

CERTIFICATION AND AUTHORIZATION

VOLUNTEERS

(Please read the following paragraph carefully before signing)

I certify that the information that I have provided is true and correct to the best of my knowledge and belief. I authorize Community Health Systems (the "Company") to investigate my employment and personal history, including an inquiry concerning information on my criminal, credit and driving history, if appropriate. In connection with this investigation, I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies and former employees to release information they may have about me and release them from any liability or responsibility from doing so. This authorization, in original or copy form, shall be valid for this and any future investigation conducted by the Company. I am aware that if I am denied a volunteer position based on a report by a consumer-reporting agency, the Company will furnish the name and address of such agency upon my written request.

____

Print legal first, middle and last name. Include any and all previous last names and maiden names.

____

Social Security Number

____

Date of Birth

____

Driver's License # and State Issued

____

Street Address

____

City, State, Zip

____

Telephone Number

____________________________ __________

Signature Date