

# TCRH Volunteer Application

(Please Print)

Adult Volunteer (Ages 18+) \_\_\_\_\_ Teen Volunteer (Ages 16-18) \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## EDUCATION:

High School: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_

## CHAPLAINS:

Name of Present Pastorate: \_\_\_\_\_

Address: \_\_\_\_\_

Seminary: \_\_\_\_\_ Degree: \_\_\_\_\_

Ordained Date: \_\_\_\_\_ Length of Pastoral Experience: \_\_\_\_\_

## PREVIOUS VOLUNTEER EXPERIENCE

Have ever volunteered at TCRH in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please give when and where you volunteered \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please provide three references (no relatives), their addresses and phone numbers:

**NAME**

**ADDRESS**

**TELEPHONE**

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**SUBSTANCE ABUSE SCREENING AND BACKGROUND CHECK REQUIRED**

For security purposes, we must conduct a substance abuse screening and a background check on all volunteers. Conviction of a crime may not necessarily bar you from our program. We will consider your age at the time of the offense, its nature and the volunteer service you seek to provide at TCRH.

With that information in mind, Please answer the following:

Have you ever been convicted of a crime other than a minor traffic violation? (circle) **YES NO**

Have you ever been ordered by a court to perform community service? (circle) **YES NO**

If you answered YES to either of these questions, please explain, including the type of crime(s) involved.

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**VOLUNTEER CONSENT AND RELEASE STATEMENT**

I fully understand that I am applying for a volunteer position with TCRH and that any volunteer service I perform will have no guarantee of future paid employment with TCRH, but may be used as a reference. All information pertaining to patient records, condition, or personal details is considered confidential and shall not be discussed with other members of Volunteer Services or otherwise passed on to family, friends, or individuals outside TCRH. I have read and understand the importance of the policy of patient confidentiality stated above and agree to accept its provision, both while I am a volunteer and in the event I should leave.

I certify that the information in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, misstatement or omission regarding this application will result in denial or termination of a volunteer position.

I agree to report to my supervisor or appropriate staff any incidents or injuries in which I am involved while serving the hospital. In the event of an accident or sudden illness while volunteering, I authorize qualified physicians of the medical staff of TCRH to perform diagnostic or therapeutic procedures which in their judgment may be deemed necessary for my safety or care of that of my son/daughter's safety or care.

I consent to having the TCRH Infection Prevention Department administer the required TB skin test for myself or my teen in accordance with TCRH Volunteer policies.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(if applicant is under 18 years of age)

\_\_\_\_\_  
Date

Please submit completed application to:

Leslie Bowers, Director Of Volunteer Services  
Twin County Regional Hospital  
200 Hospital Drive  
Galax, Virginia 24333  
Phone: 276.236.1645  
Fax: 276.236.1718  
Email: leslie.bowers@lpnt.net

OFFICE USE ONLY		
Orientation Date:	_____	
Substance Abuse Screening Date:	_____	Results: _____
TB Skin Test Date:	_____	Results: _____
Background Check Date:	_____	Results: _____
Start Date:	_____	