

# ADULT/COLLEGE VOLUNTEER APPLICATION

NHRMC Volunteer Services Department  
P.O. Box 9000 • 2131 S. 17<sup>th</sup> Street  
Wilmington, NC 28402  
(910) 343-7784

Cape Fear Hospital: Adult Programs: Sherry Davis 452-8384  
Hospitality House: Kristin Johnson 815-5312  
New Hanover Regional Medical Center: Adult Programs: Linda Mueller 343-7784  
NHRMC College/Junior Programs: Michelle Hern 343-7704

**FOR OFFICE USE ONLY:**

Volunteer name: \_\_\_\_\_ ID number: \_\_\_\_\_

Interview date: \_\_\_\_\_

Orientation date: \_\_\_\_\_

Background check dates: \_\_\_\_\_

TB 1/Date: \_\_\_\_\_ TB 2/Date: \_\_\_\_\_

Placement area(s): \_\_\_\_\_

Comments: \_\_\_\_\_

Processed by: \_\_\_\_\_

*I wish to volunteer at (check one):*  
 Cape Fear Hospital  
 New Hanover Regional Medical Center

**PLEASE PRINT** (use blue or black ink)

Date: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street

City / State / Zip: \_\_\_\_\_

Telephone #: (home) \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Telephone # (work): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

How did you hear about us? (Be specific) \_\_\_\_\_

Have you ever worked here before? Yes  No  If Yes, when/where? \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Yrs. Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Yrs. Known: \_\_\_\_\_

The above information is accurate and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature indicates your approval for us to check references. The Volunteer Services Department is not obligated to utilize your services as a volunteer nor are you obligated to accept the assignment offered. Opportunities for volunteering are provided without regard to religion, creed, race, national origin, age, sex, or disability.

What are your reasons for wanting to become a volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

Please circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 +

	High School/College/ Trade School	Major Subject/Degree	Dates		Graduated
			From	To	Yes or No
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**SERVICE AREA and TIME PREFERENCE:**

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Do you prefer: MORNING AFTERNOON EVENINGS

Would you prefer: Patient contact No patient contact Limited patient contact

Clerical Children's services

Starting with your most recent position, list all positions and activities including self-employment, volunteer work, and all significant experience. If you need more space, please continue on back of page.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date Employed: (month/year) \_\_\_\_\_ Date Separated (month/year) \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date Employed: (month/year) \_\_\_\_\_ Date Separated (month/year) \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any job held? Yes  No

If yes, explain: \_\_\_\_\_

May we contact your present employer for reference? Yes  No

**APPLICANT, PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I certify that the information contained in this application is correct and complete to the best of my knowledge. Final placement is contingent upon satisfactory completion of all pre-placement procedures including interview, verification of references, criminal background investigation, orientation and tuberculosis screening.

I realize that any misrepresentation of facts will be cause for rejection of this application. I agree to abide by the policies of New Hanover Regional Medical Center.

I authorize New Hanover Regional Medical Center to thoroughly investigate the information provided on this application and to conduct a Criminal Background Investigation. I will hold no person liable for giving or receiving information in this investigation.

Your response to any security questions will not automatically disqualify you from volunteering. However, if you answer "no" and a criminal history is found or if you answer "yes" but did not include all convictions you will be disqualified from consideration.

I, \_\_\_\_\_, understand that upon my successful completion of the volunteer placement processes required and the receipt of approval for service, by Volunteer Services Management, I will become a "volunteer". As a volunteer I acknowledge that I will not receive compensation for services and I will not be required to work. I acknowledge that I will receive a placement description to specify the department(s) I will be volunteering in prior to my placement(s). A signed copy of that (those) placement description(s) will be in my volunteer personnel file.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Services Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

# Volunteer Services Competency Form

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

Date: \_\_\_\_\_

1. The most important job of the volunteer is to:
  - a. Help the medical staff with their jobs.
  - b. Be friendly to patients and visitors, and make them as comfortable as possible.
  - c. Take the place of regular employees when they cannot be at work.
  
2. If a patient asks you to do something that you are not trained to do, you should:
  - a. Refuse and walk away.
  - b. Do what the patient asked you to do.
  - c. Tell the patient that you are not trained, but will find someone to help them.
  
3. If a patient's family member or visitor is angry with you for enforcing rules, you should:
  - a. Remain calm, explain the rules again, and let them talk to a hospital employee if necessary.
  - b. Get angry too, forcefully repeat the rules, and then walk away.
  - c. Ignore the person and hope that someone else will handle the problem.
  
4. If a visitor asks for directions within the hospital and you do not know how to get there, you should:
  - a. Tell the person you don't know the directions and walk away.
  - b. Tell the person you don't know and bring them to the information desk or to a staff member for help.
  - c. Ignore the person and hope they ask someone else.
  
5. To safely transport a wheelchair patient down the hall, you should:
  - a. Look in mirrors when crossing intersections.
  - b. Walk down the right side of the hallway.
  - c. Push the patient at a reasonable, steady pace.
  - d. All of the above.
  
6. When should you lock the breaks on a wheelchair?
  - a. Only before the patient gets in the chair.
  - b. Before the patients in the chair and before the patient gets out of the chair.
  - c. If you have to leave the patient unattended.
  - d. Both b and c.
  
7. When entering an elevator doorway with a wheelchair patient, you should:
  - a. Back the chair through the doors.
  - b. Continue to push the chair forward through the doors.
  - c. Hold the doors open and have the patient wheel himself through the doors.

# Age-Specific Form

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

Date: \_\_\_\_\_

## PLEASE CIRCLE THE CORRECT ANSWER:

1. The major development for a Toddler/Pre-school Age child is/are:
  - a. Potty Training
  - b. Play
  - c. Responding to parent's means of disciplining
  - d. A and C
  
2. A safety issue for a Toddler/Preschooler is:
  - a. Protecting him/her from getting lost
  - b. Protecting him/her from small objects that can be swallowed
  - c. Protecting him/her from injury while moving around
  - d. All of the above
  
3. It is okay to lie to a toddler/preschooler because he/she is not old enough to understand trust issues. True False
  
4. Kindergartners/school-aged children need which of the following in development of their sense of "adequacy":
  - a. Lots of encouragement
  - b. Lots of explanations
  - c. Lots of punishment
  - d. A and B
  
5. Privacy is of the utmost importance to an adolescent: True False
  
6. Adult learners:
  - a. Are self-directed
  - b. Are concerned about time constraints
  - c. Prefer a friendly, informal environment
  - d. All of the above
  
7. People in late adulthood experience normal aging changes in the following ways:
  - a. Skin becomes wrinkled if cream is not used regularly
  - b. Become prone to more infection because the immune system does not work as well
  - c. Certain sounds may not be heard well, especially those in the higher pitch range
  - d. B and C only
  - e. A and B only
  
8. If you saw an object or obstacle in the way of an older person walking, you might be concerned because you know the following about normal aging:
  - a. Reaction time may be slower
  - b. Eyesight may be a problem
  - c. Walking can be a problem for some older people

- d. None of the above
- e. All of the above except D

9. The person in older adulthood may be at a greater risk for
- a. Injuries
  - b. Stroke
  - c. High Blood Pressure
  - d. All of the above

- |     |   |      |       |
|-----|---|------|-------|
| 10. | Most older adults are confused.                                     | True | False |
| 11. | Most older adults can care for themselves.                          | True | False |
| 12. | Most older adults are able to adapt to all changes they experience. | True | False |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Services Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

## NEW HANOVER REGIONAL MEDICAL CENTER VOLUNTEER ORIENTATION CHECKLIST

**I HEREBY VERIFY THAT:** (Check those that apply.)

- \_\_\_\_\_ I have attended the general orientation for NHRMC volunteers.
- \_\_\_\_\_ I have been instructed in and understand my responsibilities in regard to infection control, fire, disaster, and other emergency procedures.
- \_\_\_\_\_ I have been instructed about HIPAA Privacy Training and at all times will adhere to a patient's right to privacy.
- \_\_\_\_\_ I have read and will follow information outlined in the **Age-Specific Guidelines** handout.
- \_\_\_\_\_ I have been instructed in proper transport of patients by wheelchairs.
- \_\_\_\_\_ I have been instructed in proper lifting techniques.
- \_\_\_\_\_ I realize the importance of ongoing, in-service programs and will cooperate in regard to attending recommended programs.
- \_\_\_\_\_ Any additional questions which I have had regarding any aspect of my volunteering have been answered to my satisfaction.
- \_\_\_\_\_ I have turned all required forms in to the volunteer coordinator.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Services Personnel: \_\_\_\_\_ Date: \_\_\_\_\_