CAPE REGIONAL
HEALTH SYSTEM

VOLUNTEER APPLICATION

www.caperegional.com (609) 463-2367

Name: (Last, First, Middle)

Address: (Street, City, State, Zip Code)

Home Phone **Alternate Phone** **Social Security Number**

Email Address

Have you ever volunteered before: Yes ❑ No ❑ When? What Assignment?

To the best of your knowledge, will you be available to volunteer a minimum of 100 hours within the calendar year? Yes ❑ No ❑ If No, how many hours do your anticipate?

Notify in Case of Emergency: Name: _____ **Phone:** _____

Relationship _____

General Information and Schedule Preference

How did you hear about volunteer opportunities at Cape Regional Medical Center?

Employee ❑ Other Volunteers ❑ Press Release ❑ Other ❑

Please indicate your preference of assignment: Patient ❑ Non Patient ❑ Clerical ❑

Are you available year round? Yes ❑ No ❑

If no, please indicate season Summer ❑ Winter ❑

Other preferences: _____

Available to volunteer (please check all that apply)

	Mornings 8 a.m. - 12 p.m.	Afternoons 12 p.m. - 4 p.m.	Evenings 4 p.m.- 8 p.m.
Monday	❑	❑	❑
Tuesday	❑	❑	❑
Wednesday	❑	❑	❑
Thursday	❑	❑	❑
Friday	❑	❑	❑
Saturday	❑	❑	❑
Sunday	❑	❑	❑

References (Please exclude relatives)

Name **Address** **Telephone Number** **Length of Time Known**

1) _____

2) _____

For Completion by Teen Applicants Only (14-18 years)

Name of Parent or Legal Guardian

_____

Parent's Cell: **Teen's Cell:** **Teen's Home Phone:** **Teen's Work Phone:**

_____

Address **City** **State** **Zip Code**

_____

Name of School Counselor **Telephone Number:**

_____

High School _____ **Year of Graduation** _____

Have you had chicken pox? Yes ❑ No ❑ Date: _____
German measles? Yes ❑ No ❑ Date: _____
Measles? Yes ❑ No ❑ Date: _____

Interest/Skills (please check all that apply)

Clerical Skills

Typing ❑	Librarian ❑	Mailings ❑
Filing ❑	Record Updating ❑	Alphabetizing ❑
Phone receptionist ❑	Numerical Updating ❑	Cash Register ❑
Using copier ❑	Computer ❑	Other ❑

Patient Care Services (please check all that apply)

Messenger Services ❑	Read to patients ❑	Visiting/listening ❑
Transporting ❑	Feeding patients ❑	Pastoral Care ❑
Other ❑		

Personal Skills/Talents to Use or Teach:

Musical Instrument ❑ (specify)	Crafts ❑	Crocheting ❑
Knitting ❑	Painting ❑	

Mission Vision Values

Our Mission is to provide the highest quality healthcare to our community.
Our Vision is to be the healthcare leader and provider of choice by developing a comprehensive, independent, and high quality healthcare system.

Values

~ Quality. We strive to provide the highest quality of care and continually look for ways to improve the services we provide.
~ Service. We are committed to exceeding the expectations of our patients, their families, our physicians, and staff.
~ Efficiency. We will utilize our resources wisely and efficiently to achieve our goals.
~ Integrity. We perform our jobs in an ethical manner, with honesty, sincerity, and respect of others.
~ Safety. We promote a safe and healthy environment for our patients, their families, our staff, physicians, volunteers, and visitors.
~ Professionalism. We are dedicated to enhancing our professional and personal knowledge and skills through ongoing professional development efforts.
~ Teamwork. We will work together as a team to achieve the best possible results.
~ Compassion. We seek to offer a compassionate and caring environment to promote the healing and well-being of our patients and their families.

Certification

After completing application, please read carefully and sign.

We appreciate your interest in our Medical Center. A clear understanding of your background and work history will aid us in considering you for a volunteer position that best meets your qualifications and interests.

1. I give permission for Cape Regional Medical Center to investigate any and all information concerning my application in order to determine my qualifications; this includes but is not limited to medical clearance, *criminal background checks, employment and personal reference checks. I understand that any misrepresentation of facts contained in this application may because for my rejection or dismissal. (*for applicants over 18 years of age)
2. I agree to be photographed by the Medical Center.
3. I agree to abide by all Medical Center rules and regulations. I understand that if placed, my placement will be subject to the conditions of any applicable introductory period established by Medical Center policies. I understand that this application and any other Medical Center documents are not contracts of employment, and that any volunteer who is placed may voluntarily leave under proper notice, and may be terminated by the Medical Center at any time and for any reason.
4. In the event of resignation or termination, I agree to return all Medical Center property loaned to me such as identification badges, uniforms, library books, keys, etc.
5. I understand that in the course of the performance of my duties at Cape Regional Medical Center, I may have access to medical information and /or records of patients. I recognize by law that patient information is confidential and may not be disclosed to any person except as permitted under the rules and regulations of Cape Regional Medical Center. I understand that intentional or voluntary disclosure of such information may result in my discharge from Cape Regional Medical Center without notice. I also understand that, in addition to my discharge, unauthorized disclosure may result in legal action from sources outside the Medical Center.
6. I certify that the statements made on this application for volunteering are true and correct. I release Cape Regional Medical Center, its officers, agents, and employees, all previous employers, and reporting agencies from any and all liability resulting from such verification and investigation.
7. I understand that the giving of false information or the failure to give complete information requested herein shall constitute grounds, among others, for rejection of my application or my dismissal in the event I am assigned as a volunteer at Cape Regional Medical Center.
8. I understand that Cape Regional Medical Center is an equal opportunity employer and is committed to hiring individuals without regard to race, creed, color, ancestry, marital status, affectional or sexual orientation, religion, sex, age, national origin, disability, smoking status, or any other category protected by federal, state, or local laws.

I understand, agree, and accept the above terms.

Last name **First name** **Date**

Signature

Parent or Guardian Signature (required if applicant is under 18 years old)
