Dear Volunteer Applicant,

Thank you for your interest in the Volunteer Services offered at our Bluffton Medical Campus, Bluffton-O Katie Outpatient Center, Coastal Carolina Hospital and Hilton Head Hospital. It’s my hope that we find a good “fit,” for you, as well as for the patients and guests you will serve.

Before beginning as a volunteer, you are asked to:

a) Complete & return the attached application
b) Meet with me for an interview
c) Complete a health screening (includes TB test, other testing as required)
d) Undergo a criminal background check
e) Attend a volunteer orientation session (see below)
f) Participate in training for the department in which you’ll volunteer

Volunteer Orientation provides information to help you understand the nature of volunteer service in the health care setting. This session is completed prior to beginning as a volunteer.

Orientation is offered monthly (8:30am-2:30pm) and includes a review of policies and practices, a tour of our facility, wheelchair transport training, safety, infection prevention and customer relations.

Early 2016 Orientation dates: Jan 20, Feb 10 (CCH), Feb 29, Mar 24, Apr 8 (CCH), Apr 19

Training for the department(s) in which you serve is provided by an experienced volunteer in that department, and is handled on an individually scheduled basis.

After reviewing the enclosed materials and considering areas of interest, please return your completed application to the address above. You will be contacted to discuss the application and possibly set an interview date. We look forward to having you join our team of caring volunteers who make our hospitals very special places!

Sincerely yours,

Volunteer Services
# Volunteer Application

I am applying to volunteer my services at

- ☐ Bluffton Medical Campus
- ☐ Bluffton-Okatie Outpatient Center
- ☐ Coastal Carolina Hospital
- ☐ Hilton Head Hospital

Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Address</th>
<th>First Name</th>
<th>City</th>
<th>Middle Initial</th>
<th>Zip</th>
<th>Birth Date (month/day)</th>
<th>Community</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>E-mail Address</th>
<th>Spouse Name</th>
<th>(if applicable)</th>
</tr>
</thead>
</table>

Do you care to help with Auxiliary projects?  Fundraising Events ☐ Board / Committees ☐ Community Health ☐

**Why do you wish to volunteer?**

**Were you referred by someone?** ☐ No ☐ Yes - If Yes, by whom?

**Work Experience:**

**Volunteer Experience:**

**Interests, hobbies, special skills:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Two references (not relatives):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any physical / developmental concerns that might keep you from performing Volunteer tasks?

☐ No ☐ Yes - If Yes, please explain:

Permanent Resident? ☐ Part-Time? ☐

**If part-time, what months are you available?**

- ☐ Jan
- ☐ Feb
- ☐ Mar
- ☐ Apr
- ☐ May
- ☐ Jun
- ☐ Jul
- ☐ Aug
- ☐ Sep
- ☐ Oct
- ☐ Nov
- ☐ Dec

Would you like assignment as a Regular? ☐ Substitute? ☐

**I’m available these days/times of day:**

<table>
<thead>
<tr>
<th>Monday</th>
<th>A.M.</th>
<th>Aft.</th>
<th>Eve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuesday</th>
<th>A.M.</th>
<th>Aft.</th>
<th>Eve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wednesday</th>
<th>A.M.</th>
<th>Aft.</th>
<th>Eve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thursday</th>
<th>A.M.</th>
<th>Aft.</th>
<th>Eve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Friday</th>
<th>A.M.</th>
<th>Aft.</th>
<th>Eve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Saturday</th>
<th>A.M.</th>
<th>Aft.</th>
<th>Eve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sunday</th>
<th>A.M.</th>
<th>Aft.</th>
<th>Eve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Would you prefer to:

- ☐ Serve with patients
- ☐ Serve with public
- ☐ Serve "behind the scenes"
- ☐ Serve with the Auxiliary

**In case of emergency notify:**

- Name
- Telephone Number

By volunteering, I intend to donate my time without expectation or promise of remuneration or compensation.

Signed: Volunteer Applicant

[Signature]

Date

Signed: Director of Volunteers

[Signature]

Date
Addendum to Volunteer Application

Hilton Head Regional Healthcare is committed to providing our guests with the level of service they expect and deserve. As a volunteer, you are to practice the service standards listed below and in the TEAM Handbook (provided at orientation).

1. Demonstrate courteous, polite, friendly and cooperative behavior toward others.

2. Recognize guests immediately, introduce yourself and give the person your full attention. If occupied, acknowledge those entering the department and tell them you will be with them as soon as possible.

3. Answer the telephone with the department name, your name, and state that you are a volunteer.

4. Personally escort our guests to their destination whenever possible.

5. Exhibit good communication and listening skills.

6. Maintain good relationships within your own and other departments. Display initiative and offer assistance.

7. Maintain appropriate and professional relationships with physicians. Do not solicit medical advice and/or prescriptions from staff physicians.

8. Do not discuss confidential information except on a “need to know” basis.

9. Take an active role in problem solving. Actively assist with the achievement of hospital and departmental goals.

10. Think and act responsibly, logically and appropriately in both normal and stressful situations.

11. Demonstrate the ability to work with co-workers, setting aside personal differences to support the team.

12. Respond positively to constructive suggestions.

13. Do not discriminate against patients, visitors, co-workers or members of the hospital staff on the basis of race, religion, color, national origin, disability or age.


By signing below, I acknowledge that as a condition of volunteering, I will uphold these standards. I understand that if I do not uphold the standards, I will be subject to corrective action, up to and including termination.

_________________________________    _______________________
Applicant Name (Please Print Clearly)           Date
A Note to Prospective Volunteers

Before beginning your volunteer service, a **health assessment** (health history, TB skin test, additional tests as required) is performed by our Employee Health staff.

There is no charge for this health assessment. It is repeated annually, as long as you volunteer with our hospital.

There are two Employee Health sites you may choose to visit:

- Hilton Head Hospital: (843) 682-7345 Mon – Fri 7:00am - 3:30pm
- Coastal Carolina Hospital: (843) 784-8218 Tue, Thur & Fri 7:30am - 4:00pm

For first-time volunteers, the Tuberculosis test is given in two parts, a requirement of SC DHEC (Dept of Health and Environmental Control):

1. Receive **Skin Test #1**. Return 2-3 days later, to have test “read” for positive or negative reaction.
2. Wait 1 - 3 weeks following the reading of Test #1
3. Receive **Skin Test #2**. Return 2-3 days later, as you did the first time.

TB tests are repeated in the autumn season each year (provided at the time of flu vaccination) and are just “one-part.”

[Note: volunteers living near Sun City may have the “reading” done at the Primary Care office at our Bluffton-Okatie Outpatient Center; the TB test/s must be placed at one of the hospitals.]

**NOTES:**

Persons who test positive for TB: Employee Health will review symptoms with you and, if needed, arrange for you to receive a chest x-ray (no charge).

Persons who have TB tests done elsewhere: Employee Health will discuss your status relative to the SC law; in some cases, that may suffice, or at least count as Test #1.

Persons who are absent from our program for one year or longer will be asked to begin anew with their TB test and health assessment.
For All Positions:

Name as it appears on Social Security card: ____________________________
Social Security Number: ____________________________ Date of Birth ____________ Phone: ____________
Current Address: Street / City / State / Zip ____________________________

BACKGROUND & CREDIT CHECK DISCLOSURE AND AUTHORIZATION FORM

DISCLOSURE

This form, which you should read carefully, has been provided to you because a Tenet Healthcare facility (the "Company") may request consumer reports on you from a consumer reporting agency. The Company will use any such report(s) solely for employment purposes, including those associated with contractors, students, volunteers, physicians and others performing work for the Company.

Consumer reports on you will be obtained by the Company from HireRight, Inc., ("HireRight") located at 2100 Main Street, Suite 400, Irvine, CA 92614. They can be contacted at 1 800-400-2761. Information that may be obtained includes social security number verification, criminal records, public court records, educational records, verification of employment positions held and verification of licensing and certifications. The information contained in these reports may be obtained by HireRight from private and/or public record sources including sources identified by you in your job application.

- A credit history will be procured only if the position you are applying for has fiduciary or cash handling responsibility, you would be issued a corporate credit card once employed, or if you will be entering into a relocation agreement.
- A driving records check will be procured only if the position you are applying for requires a valid driver's license.

AUTHORIZATION

By signing your name below you:

- Indicate you have carefully read and understand this Disclosure and Authorization form
- Consent to the release of consumer reports to the Company in conjunction with your application
- Understand that if the Company hires you, your consent will apply throughout your employment unless you revoke or cancel your consent in writing by sending a signed letter or statement to the company
- Authorize the disclosure to HireRight of information concerning your employment history, earning history, education, criminal history, credit history (when pertinent to the position being applied for) and motor vehicle history (when pertinent to the position being applied for).

This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

SIGNATURE: __________________________________________ DATE: ______________
PRINTED NAME: ________________________________________
<table>
<thead>
<tr>
<th>DEPARTMENT AND DUTIES</th>
<th>QUALIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Auxiliary Gift Shop</strong>&lt;br&gt;Assist customers with gift and sundry selections; run cash register; maintain shop appearance; inventory assistance</td>
<td>Excellent customer service skills; able to stand, lift up to 5 pounds, use computer-based cash register system</td>
</tr>
<tr>
<td><strong>“Behind the Scenes”</strong>&lt;br&gt;Occurs in various departments; some clerical, telephone or special project assistance</td>
<td>Able to follow instructions; attention to detail</td>
</tr>
<tr>
<td><strong>Emergency Department</strong>&lt;br&gt;Non-medical assistance to patient, family and staff; visitation as appropriate; maintain room readiness between patients; patient transport; waiting room liaison</td>
<td>Able to learn department and stock locations; stand, walk, push wheelchair; able to respond quickly when requested&lt;br&gt;Limitation: must be at least 18 years old</td>
</tr>
<tr>
<td><strong>Food &amp; Nutrition</strong>&lt;br&gt;Assist staff w/ nourishment orders; data entry; patient visitation and meal surveys; menu selection</td>
<td>Able to stand, walk, lift up to 10 pounds; able to follow instructions; attention to detail</td>
</tr>
<tr>
<td><strong>Greeter / Information Desk / Welcome Desk / Patient Reception</strong>&lt;br&gt;Greet patients and visitors; escort or transport patients to correct destination; telephone assistance; some mail and flower delivery; visitor log-in</td>
<td>Able to learn department locations; stand, walk, push wheelchair; excellent customer service skills; attentive to activity in lobbies; able to respond quickly</td>
</tr>
<tr>
<td><strong>Hospital Auxiliary</strong>&lt;br&gt;<em>Board and Committee Members:</em> special project leaders; board officers and committee chairpersons; fundraising events; computer and graphics work&lt;br&gt;<em>Current Initiatives:</em> golf tournaments; women’s breast health support; prescription assistance to local free clinic and low income hospital patients; scholarships; Trolley (golf cart) maintenance; Staxi (wheelchairs owned by Auxiliary) maintenance; fund raising; publicity</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Departments (Medical Surgical, Telemetry, Intensive Care)</strong>&lt;br&gt;Mealtime help; wheelchair transport; patient and family visitation; maintain visitor lounge; stock nourishments; lab and supply errands</td>
<td>Able to stand, walk, push wheelchair; operate tray stands; good listening skills</td>
</tr>
<tr>
<td>DEPARTMENT AND DUTIES</td>
<td>QUALIFICATIONS</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>
| **Outpatient Departments**  
(Surgery, GI /Endoscopy)  
Assist w/ patient arrival and discharge; liaison to families and staff; change linens; monitor dressing rooms; wheelchair transport as requested | Able to stand, walk, push wheelchair and stretcher; able to respond quickly |
| **Patient Relations**  
Liaison to in-patients and staff regarding satisfaction levels; liaison to clergy regarding religious preference listings; visitor and listener; distribute reading materials | Able to stand, walk, push magazine cart; good listening and communication skills |
| **Physical Rehabilitation**  
Assist staff with equipment sanitizing, clerical needs, patient reception, as requested | Able to follow instructions; attention to detail |
| **Radiology**  
Maintain patient flow in women’s services area: mammogram, bone density, ultrasound; maintain dressing rooms; wheelchair transport as requested | Able to stand, walk, push wheelchair; follow staff directives; attention to detail |
| **Registration / Swiftie**  
Greet and escort patients at Patient Access department; respond to pages from all departments for errands and assistance | Able to stand, walk, push wheelchair; learn department locations; respond quickly; work pager |
| **Surgery / Family Waiting Area**  
Liaison with staff, physicians and companions of surgery patients; visitor and listener | Able to stand, walk; learn department locations; good listening and communication skills |
| **Trolley**  
Golf cart transport for patients and visitors throughout hospital campus | Able to stand, walk, safely drive golf cart; learn appropriate office locations on campus; respond quickly  
Limitation: must be at least 18 years old; must have valid driver’s license |