



Carolinus HealthCare System

Dear Potential Volunteer,

Thank you for your interest in volunteering with Charlotte Pediatric Clinic. Volunteers are an important part of our team and help us in many ways. We appreciate everyone who gives us the gift of their time. Wherever you volunteer, you will make a difference! Below is some basic information regarding our volunteer program and application process.

We require our 'in-house' volunteers to be a minimum of 15 years of age and ask them to commit to a one-year time frame of working the same shift preferably every week. Our shifts range from two to four hours depending on the position and the department's needs, as well as your schedule.

The first step in our volunteer application process is completing an application. The application requires three non-family member references that the applicant has known for at least one full year. Teen applicants (15-18) must also submit a copy of the most recent report card (minimum 3.0 unweighted GPA – only A's and B's) and a short essay about what you want to learn while volunteering at Charlotte Pediatric Clinic. Once this information has been submitted, we will call you for an interview.

Completing an application does not guarantee acceptance into the volunteer program. At the interview, selected applicants will need to complete a background check form with the understanding that acceptance is contingent upon a report.

All qualified volunteers will meet with the Carolinus HealthCare System Teammate Health Department to receive a series of two TB tests and must provide proof of MMR vaccinations and Varicella vaccinations or agree to be re-immunized. Volunteers who no longer have access to their vaccination records will be given a titer. Volunteers are also required to attend a three-hour orientation and department specific training prior to beginning their assignment.

If you feel you will be able to meet the above requirements, we encourage you to return your application as soon as possible. The application and training process may take several weeks.

Please return your completed application to charlottepediatricclinic@carolinushealthcare.org.

Thank you for your interest and we look forward to hearing from you!

Sincerely,
Charlotte Pediatric Clinic



Carolin's HealthCare System

Charlotte Pediatric Clinic Volunteer Application

(Please **print** legibly in black or blue ink)

Please select your preference: (choose one)

Blakeney _____ Matthews _____ SouthPark _____ Steele Creek _____

Personal Information:

Name: _____	Nickname: _____
Street Address: _____	
City: _____	State: _____ Zip: _____
Home #: _____	Cell #: _____
Work #: _____	
Email: _____	
What is the best way to contact you? _____	
Date of Birth: _____	Sex: Male Female

Education:

Circle the highest level of education completed :	7	8	9	10	11
High School	Some College	College	Graduate School		

Emergency Contact Information:

Name: _____	
Relationship: _____	Home: _____
Work: _____	Cell: _____

Background Volunteer Experience:

Please list your previous volunteer experience, including the organization's name and length of time with the organization: _____

Personal Reference:

All applicants must submit at least three references. **Please provide complete information for personal references (no relatives) that have known you for a minimum of one year.** Reference letters will be sent to those listed below. When we receive the responses, volunteer services will contact you. Please note: emailed references allow for faster processing. **Teen volunteer applicants should submit at least one reference from a teacher that has known them for at least one year.**

1. Please contact this reference via (please circle): Email U.S. mail

Mr./Mrs./Miss: _____

Street: _____

City: _____ State: _____ Zip: _____

Email address: _____

Relationship to applicant: _____

2. Please contact this reference via (please circle): Email U.S. mail

Mr./Mrs./Miss: _____

Street: _____

City: _____ State: _____ Zip: _____

Email address: _____

Relationship to applicant: _____

3. Please contact this reference via (please circle): Email U.S. mail

Mr./Mrs./Miss: _____

Street: _____

City: _____ State: _____ Zip: _____

Email address: _____

Relationship to applicant: _____

Employment History (if applicable):

Most Current Employer: _____

Position: _____ Phone #: _____

Dates of Employment: _____ to _____

Previous Employer: _____

Position: _____ Phone #: _____

Dates of Employment: _____ to _____

Service Preferences (select all that apply):

<input type="checkbox"/> In-House Volunteer	<input type="checkbox"/> On-Call Volunteer	<input type="checkbox"/> Community Events
Clerical:	Customer Service:	Other:
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Waiting Area	
<input type="checkbox"/> Collation/Filing	<input type="checkbox"/> Reading to Patients	

Commitment Terms:

I. Our volunteer program requires a minimum of 100 hours volunteer service in a calendar year. (Teen Volunteers are asked for a commitment of at least two sessions). We require that you work a scheduled shift (same day and time). By signing below, you agree to these commitment terms. If you can't commit to a regular schedule and would like to be an 'on-call' volunteer, please continue to section III:
Signature: _____

II. Please circle your availability:

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening
Sunday	Morning	Afternoon	Evening

(Note: Sundays are not available to Teen Volunteers)

III. Would you be interested in being an "on-call" volunteer? On-call volunteers are trained in a specific department and are willing to be asked to come in at the last minute or fill in for volunteers when they are scheduled to be out. These volunteers also are willing to be asked to participate in special events.

Would you be willing to be an on-call volunteer: Yes No

Please Note:

Your signature indicates your approval for us to check references. We will make every effort to match your abilities to our volunteer needs at Charlotte Pediatric Clinic. All applications are held for 90 days. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex. The first 90 days of the volunteer experience are mutually probationary.

Teen Applicants – Please submit the following with your application:

- A copy of your most recent report card (minimum 3.0 un-weighted GPA)
- A short essay about what you want to learn while volunteering at Charlotte Pediatric Clinic
- A copy of your vaccination records to ensure your vaccinations are up to date

Volunteer Agreement:

As a volunteer I agree:

I will consider as confidential all information which I may hear or see, directly or indirectly, concerning a patient, patient family member, doctor, or other health care professional and I will not seek information from any of the above in regard to a patient.

I hereby certify that the answers on this application and any resulting from interviews are true and correct and that any misrepresentations or omissions of facts, misleading, or false information on my part will be grounds for dismissal as a volunteer. Acceptance as a volunteer is contingent upon satisfactory references, verification of information submitted on the applications and satisfactory completion of mandatory requirements. I authorize that all employers, schools, or references thus contacted be released from all liability in answering questions related to my application.

I understand that I am required to commit to serve a regular schedule of 100 hours in a calendar year, or agree to be an on-call volunteer. (Teen Volunteers agree to participate in at least two sessions each year of fall, winter, spring, or summer and meet the minimum attendance requirement of each.)

My services are donated to Carolinas HealthCare System without contemplation of compensation or future employment and given with humanitarian or charitable reasons.

I authorize Carolinas HealthCare System to administer emergency medical treatment to me while volunteering. I understand that Carolinas HealthCare System is not responsible for volunteers before or after their assigned shifts.

Applicant's Signature: _____ **Date:** _____

Parents of Teen Volunteers Applicants:

I give permission for my child to serve as a Teen Volunteer with Carolinas HealthCare System and authorize Carolinas HealthCare System to administer emergency medical treatment to my child while volunteering. **I understand that Teen Volunteers must be picked up promptly at the end of their scheduled shift and that CHS is not responsible for volunteers after their assigned volunteer shift has ended.**

Parent/Guardian Signature: _____ **Date:** _____

Background Disclosure:

CHS obtains arrest and conviction records on all potential volunteers. An arrest or conviction will not automatically eliminate you from consideration for volunteering. However, failure to list all pending charges and/or convictions may lead to your disqualification or termination of volunteering CHS. Examples include, but are not limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement, etc.

Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation of charges for violation of criminal law?

No Yes: please explain: _____
