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

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.

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:

Linda Belcher, Director of Volunteer Services
Twin County Regional Hospital
200 Hospital Drive
Galax, Virginia 24333
Phone: 276.236.1655
Fax: 276.236.1718
Email: lbelcher@tcrh.org

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