

NCH Healthcare System
Volunteer Services
Adult Volunteer Membership Application

Dear Prospective Volunteer:

Thank you for your interest in volunteering with the NCH Healthcare System. Volunteers make the difference at the NCH Healthcare System. As a volunteer, you help your community healthcare system provide services that are vital to its operation and to the well being of its patients.

We are looking for energetic, enthusiastic people with a ready smile and a sense of commitment. We make every effort to match your skills and interests with the right position. Volunteers usually work a minimum of four hours per week and we will make every effort to find a shift to suit your schedule.

Many volunteers have a desire to mingle with other like-minded individuals resulting in possible newfound friendships. For some of you who may be considering a career in healthcare, volunteering is an excellent way to become exposed to the healthcare field. However, most importantly, you will get the satisfaction of knowing you are helping others and making your community a better place to live.

So, how do you join the NCH team? Complete the following steps:

1. Complete the attached application.
2. Contact the Volunteer Services Department (location in which you want to volunteer) in order to schedule an interview.
Downtown at (239) 436-5200
Marco Healthcare Center at (239) 393-4058
North Naples at (239) 552-7703
3. Mail in your completed application OR bring your completed application to the interview.
4. If you are accepted into the program, you will be required to attend volunteer orientation. A date will be provided at your interview. At the volunteer orientation you will be educated about hospital policies and procedures.
5. Complete an annual Tuberculosis (TB) skin test. The test is provided free of charge. For volunteers who attend orientation at the Downtown or North Naples campus, the TB skin test will be administered by Occupational Health at the volunteer orientation.

We look forward to meeting you and having you become a member of our NCH team!

Sincerely,

Amanda N. Smith
Director of Volunteer Services & Retail

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REFERENCES

Please list two references (DO NOT list relatives or previous employers)

1. Name: _____ Phone: (____) _____

Address: _____

Relationship: _____

2. Name: _____ Phone: (____) _____

Address: _____

Relationship: _____

EDUCATION

High School Graduate/GED: Yes No

College Degree: AA/AS BA/BS MA/MS PhD Other: _____

Major: _____

Name of College/University: _____

WORK EXPERIENCE, SKILLS, AND ACTIVITIES

Occupation/Former Occupation: _____

Work Experience/Professional Skills: _____

Computer Skills: _____

Languages: _____

Volunteer Experience/Community Affiliations: _____

Recreation/Hobbies: _____

What do you hope to achieve as a volunteer? _____

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VOLUNTEER REFERRAL METHOD

How did you first hear about the NCH Volunteer Services Program?

Current/Former Volunteer – Name: _____

Former Patient/Family Member of a Patient Physician NCH Web

Media (please specify): _____

Other: _____

WORK PREFERENCES

Patient Contact Non-Patient Contact Information/Clerical

Are you able to push a wheelchair: Yes No

Are you able to be on your feet for four hours: Yes No

Work Shift: Morning Afternoon Evening Flexible

Work Days: Monday Tuesday Wednesday Thursday Friday

Saturday Sunday Flexible

Work area Preference (please list 3 possibilities with #1 being your top preference):

1. _____

2. _____

3. _____

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SKILLS QUESTIONNAIRE

Please take a moment to complete the skills questionnaire below by checking which skills apply to you. This questionnaire will assist us in finding a rewarding volunteer position for you. We will discuss at your interview which skills you prefer to utilize.

Financial <input type="checkbox"/> Accounting <input type="checkbox"/> Banking <input type="checkbox"/> Billing <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Collections <input type="checkbox"/> Other:	Office/Clerical <input type="checkbox"/> Computer <input type="checkbox"/> Copier <input type="checkbox"/> Fax <input type="checkbox"/> Filing <input type="checkbox"/> Mailings <input type="checkbox"/> Phones <input type="checkbox"/> Receptionist <input type="checkbox"/> Shorthand <input type="checkbox"/> Typing <input type="checkbox"/> Other:	Other Skills <input type="checkbox"/> Acting/Singing <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Calligraphy <input type="checkbox"/> Community Service <input type="checkbox"/> Construction <input type="checkbox"/> Cooking/Baking <input type="checkbox"/> Educator <input type="checkbox"/> Electrical <input type="checkbox"/> Emergency Services <input type="checkbox"/> Musical Instrument <input type="checkbox"/> Driver
Retail/Business <input type="checkbox"/> Cashier <input type="checkbox"/> Customer Relations <input type="checkbox"/> Display <input type="checkbox"/> Manager <input type="checkbox"/> Marketing <input type="checkbox"/> Sales <input type="checkbox"/> Other:	Communication <input type="checkbox"/> Customer Service <input type="checkbox"/> Foreign Language Specify: <input type="checkbox"/> Photography <input type="checkbox"/> Public Speaking <input type="checkbox"/> Sign Language <input type="checkbox"/> Training <input type="checkbox"/> Writing/Publishing	Other Skills <input type="checkbox"/> Engineering <input type="checkbox"/> Flower/Plants <input type="checkbox"/> Fund Raising <input type="checkbox"/> Human Resources <input type="checkbox"/> Knitting/Crocheting <input type="checkbox"/> Legal Services <input type="checkbox"/> Musical Instrument <input type="checkbox"/> Child Care
Health Care: <input type="checkbox"/> LPN <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Medical Records <input type="checkbox"/> Nurse Aide <input type="checkbox"/> Physician <input type="checkbox"/> Radiology <input type="checkbox"/> RN <input type="checkbox"/> Other:	Patient Care Services (as applicable to the hospital) <input type="checkbox"/> Feeding Patient <input type="checkbox"/> Massage <input type="checkbox"/> Patient Transport <input type="checkbox"/> Visiting/Listening <input type="checkbox"/> Other:	Professional <input type="checkbox"/> CEO/President <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Other:
Please list other skills or experience you have:	Board/Officer Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify (President, Treasurer): _____	

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BACKGROUND INFORMATION

The NCH Healthcare System conducts criminal record checks on all incoming volunteers. This is done in accordance with the law and in an effort to enhance patient safety. **Falsification or failure to disclose complete information will disqualify you from volunteer service.** A conviction does not necessarily disqualify you from volunteer service.

All volunteers will be required to pay for their criminal background check. The criminal background check will be conducted by the NCH Healthcare System. Payment is due at time of orientation via check or cash in the amount of \$23.00. If you are indigent and cannot afford to pay the required fee, please report to the Director or Coordinator of Volunteer Services for assistance.

1. Have you ever been employed by the NCH Healthcare System or any of its affiliates in any capacity?
Yes / No (circle one)

If yes, when hired? _____ If yes, what department? _____

2. Other than a misdemeanor traffic violation, have you ever been charged with or convicted of any crime?
Yes / No (circle one)

If yes, please explain and provide the location (county and state): _____

3. Have you been charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)
Yes / No (circle one)

If yes, explain and provide the location (county and state): _____

4. Are you currently on probation?
Yes / No (circle one)

Date

Your Signature