



**NORTHSIDE HOSPITAL  
CHEROKEE**  
AUXILIARY

Volunteer Program Information

Dear Prospective Volunteer,

Thank you for inquiring about the Northside Hospital Cherokee Volunteer Program. We are proud of the volunteer services here at Northside Cherokee. We offer volunteer opportunities in a variety of settings. If accepted into our volunteer program, you will be joining scores of individuals, of all ages and backgrounds, who are dedicated to giving back to our hospital and community, and ensuring we achieve our vision of delivering world-class healthcare.

It is the goal of the Department of Volunteer Services to support the patients and staff within Northside Hospital Cherokee. Volunteers play an important role in many different departments and have varying responsibilities. Most volunteer openings are Monday through Friday, between 8:00 a.m. and 5:00 p.m. Some opportunities exist on weekends and evenings, although these are quite limited. Volunteers are asked to commit at least one four-hour shift, each week, for a minimum of one year and 100 hours.

We are certain Northside Hospital Cherokee has the ideal volunteer opportunity for you. The following steps are required to volunteer at Northside Cherokee:

- Complete the online volunteer application by going to <http://nhcherokeeauxiliary.com>
- You will click on the **VOLUNTEERING**; and then **Volunteering Information**
- Download, print and submit the Authorization and Consent for Release of Information documents from First Advantage. You will need to return these signed documents to the Department of Volunteer Services via mail – Northside Hospital Cherokee, Volunteer Services, 450 Northside Cherokee Blvd., Canton, GA 30115; email - (Lori.Campbell@Northside.com) or by dropping them off at the hospital gift shop.
- Submit the application fee. This fee covers your First Advantage background check, your Employee Health –TB skin tests and your volunteer uniform top. Application fee is \$ 40.00. If you are 60 years of age and older your application fee is \$ 30.00. Cash or checks are accepted. Checks should be made payable to Northside Cherokee Auxiliary.

- It is suggested you submit both your authorization forms and application fee together either by mailing them to - *Volunteer Services - 450 Northside Cherokee Blvd., Canton, GA 30115* or dropping them off at our hospital gift shop.
- Once the completed application, the Authorization and Consent for Release of Information documents and the application fees are received, Volunteer Services will submit for your background check. Once the background check is complete, you will receive an email from Volunteer Service about scheduling your volunteer interview. This interview allows us to explain the remaining process and determine your areas of interest and appropriate volunteer placement and discuss volunteer orientation.
- You will be required to complete two rounds of TB skin testing by our Employee Health. This must be done prior to attending orientation. An annual flu shot is also required and can be performed by Employee Health free of charge for volunteers.

We are excited to help you through the process to become a volunteer and look forward to meeting you soon. Again, Thank you for your interest in the NHC Volunteer Program, please feel free to contact me if you have any questions.

Kindest Regards,

Lori Campbell  
Volunteer Services Manager  
Northside Hospital Cherokee  
[Lori.Campbell@northside.com](mailto:Lori.Campbell@northside.com)  
770-224-2484 Office  
770-224-2481 Fax



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**VOLUNTEER SERVICES ADULT APPLICATION**

**Please Print Clearly:**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial                                      DATE OF BIRTH

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_  
Please print email address clearly

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email Address of Emergency Contact: \_\_\_\_\_

**EMPLOYMENT:** (Present or Last – Please Circle One)

From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone and/or Email \_\_\_\_\_ Position \_\_\_\_\_

**EDUCATION:**

I have completed: (Please check one)

High School \_\_\_\_\_ Some College \_\_\_\_\_ College \_\_\_\_\_ Grad School \_\_\_\_\_

I am currently enrolled in College \_\_\_\_\_ Tech School \_\_\_\_\_

Degree or Major \_\_\_\_\_

Will your Auxiliary service hours fulfill a requirement: Yes \_\_\_\_\_ No \_\_\_\_\_

**MILITARY SERVICE:**

Have you served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate what branch of the military and length of service: \_\_\_\_\_

**PREVIOUS VOLUNTEER OR CIVIC EXPERIENCE:**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

**We ask that all new volunteers make a commitment to be with us for at least one year and volunteer one four hour shift per week.**

Are you able to make a commitment to volunteer one 4 hour shift per week?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

Is there any health reason that might limit your ability to perform certain types of activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime? (Other than minor traffic violations)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

*\*Criminal background checks are done on all applicants*

How did you hear about the Volunteer Program? \_\_\_\_\_

**VOLUNTEER AREAS OF INTEREST**

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**Please circle the day that you are available:**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

**Please circle the shift that you are most often available to volunteer:**

9:00 AM – 1:00 PM

1:00 PM – 5:00 PM

5:00 PM – 9:00 PM

***The Auxiliary will attempt to assign you to a volunteer task commensurate with your expressed interests and/or your demonstrated abilities. The Auxiliary cannot guarantee that an assignment will be immediately available that meets your particular desires. If such an assignment is not readily available, you are permitted to withdraw your application and you will be refunded any fees you may have submitted. However, if you accept an assignment with the Auxiliary and later decide to resign, you will forfeit such fees.***

In witness of my signature below, I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any falsification (or significant omission) of information requested herein will be considered sufficient cause for terminating my membership with Northside Hospital- Cherokee Auxiliary. I hereby elect and agree to be covered by Northside Hospital's Worker's Compensation Program for any accident or injury sustained during the course of my volunteer service to NSHC. I acknowledge that I am not considered an employee of Northside Hospital-Cherokee for any other purposes and am not entitled to any of the other benefits available to employees.

Signature \_\_\_\_\_ Date \_\_\_\_\_





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**Auxiliary Agreement Form**

I understand and agree that submitting this application form does not automatically register me as a Northside Hospital Cherokee volunteer and that there are certain qualifications I must meet. These include the acceptance and agreement of established volunteer policies and procedures; completed TB skin test; completed flu shot; orientation attendance and a clean background report before I may begin volunteering.

I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any falsification (or significant omission) of information requested herein will be considered sufficient cause for terminating my membership with Northside Hospital-Cherokee Auxiliary. I hereby elect and agree to be covered by Northside Hospital's Worker's Compensation Program for any accident or injury sustained during the course of my volunteer service to NSHC. I acknowledge that I am not considered an employee of Northside Hospital-Cherokee for any other purposes and am not entitled to any of the other benefits available to employees.

**Auxiliary Agreement:**

- To submit the two required background check signed authorization forms to Northside Cherokee Volunteer Services via fax, email or delivered to the hospital gift shop.
- To submit the application fee along with the authorization forms. The application fee is \$40.00. If you are 60 years of age and older your application fee is \$30.00. Cash or checks are accepted. Checks should be made payable to Northside Cherokee Auxiliary.
- To be tested for TB, provide immunization status and receive an annual Flu Vaccine (and/or other health screenings as required before beginning volunteering in designated service areas), and yearly as required. These requirements will be performed and reviewed by Northside's Employee Health Department.
- To attend New Volunteer Orientation and undergo any other training deemed necessary during the preliminary training period.
- To pay annual dues of \$10.00 to Northside Cherokee Auxiliary as an active member.
- To wear my photo identification badge and official uniform at all times when volunteering in any Northside Hospital Cherokee service area.
- To volunteer at least once a week in my designated service area for one year.
- To be an "Active" member I commit to giving a minimum of 100 hours a year.
- To provide advance notice to my department/department trainer or DVS when I cannot be there and make several attempts to find a replacement for my shift.
- No texting or excessive phone conversations while volunteering in any service area.
- I understand there will be a 90 day probationary period with an informal evaluation.

\*We consider the safety and security of our patients, visitors, staff & volunteers to be of the utmost importance. Applicants must sign an authorization and release for a Background screening for criminal background histories by state and federal agencies. Persons who have been convicted of any felony offense or misdemeanor offenses involving drugs, child abuse, assault, and/or any violent behavior are not eligible to volunteer in our program. There are no exceptions.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_







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APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE AND DISCLOSURE

We welcome your application as a potential volunteer at Northside Hospital Cherokee. We are proud of our success and recognize it as the result of the quality and caliber of the volunteers in our organization. In pursuit of that excellence, we require as a condition of volunteering and/or continued volunteering that all applicants consent to and authorize a pre-volunteer verification of the background information submitted on your volunteer application and this form.

This release and authorization acknowledges that this company and First Advantage Background Services Corp., a consumer reporting agency, may now, or at any time while you are volunteering, receive any criminal history record pertaining to you which may be in the files of any federal, state, county or local criminal justice agency in any State and/or other information deemed necessary to fulfill the volunteer requirements. First Advantage Background Services Corp. will access motor vehicle records when the applicant will drive hospital owned vehicles while performing volunteer duties. The information received may include, but may not be limited to, the aforementioned agencies. The results of this verification process will be used to determine volunteer eligibility. Convictions for a felony or misdemeanor will not necessarily be a bar to volunteering.

I authorize First Advantage Background Services Corp., P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004 (referred to as "First Advantage") and any of its agents/designated representatives to disclose orally, electronically, and in writing the results of this verification process and/or interview to the designated authorized representatives of this Company.

I do hereby forever release and discharge the Company, its agents, First Advantage, and its associates to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by the Company and to receive orally, written or electronically a copy of the consumer report and a description of the rights of a consumer. I agree that any copy of this document is as valid as the original.

I hereby certify that all of the statements and answers set forth on the volunteer application and this form are true and complete to the best of my knowledge. I understand that if subsequent to volunteering any such statements and/or answers are found false or that information has been omitted, such false information or omissions will be considered as cause for possible dismissal.

Print Name: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

First Advantage Background Services Corp. – P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004



# First Advantage

A Symphony Technology Group Company

## GCIC Authorization Form Georgia Bureau of Investigation Georgia Crime Information Center

### Consent Form

I hereby authorize Northside Hospital Cherokee Auxiliary to receive any Georgia criminal history record information pertaining to me which may be in the files of any files of any state or local criminal justice agency in Georgia.

Full Name (print) \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Add

Sex \_\_\_\_\_

Race \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Special employment provisions (check if applicable):**

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency – civilian (Purpose code 'J')
- Employment with criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

**One of the following must be checked:**

- This authorization is valid for 90/180/ (circle one) days from date of signature.
- I, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.