



The logo for Northside Hospital Cherokee Auxiliary features a stylized 'NH' monogram at the top, with 'NORTHSIDE HOSPITAL' and 'CHEROKEE' stacked below it in a blue serif font. A horizontal line separates this from the word 'AUXILIARY' which is written in a larger, brown serif font.

NORTHSIDE HOSPITAL
CHEROKEE
AUXILIARY

Dear Prospective Volunteer:

Thank you for your interest in the volunteer program at Northside Hospital-Cherokee. We are proud of the volunteer services here at Northside-Cherokee. Our members come from a wide range of backgrounds and serve many areas of the hospital.

The following steps are required to volunteer at Northside Hospital-Cherokee:

- Complete the Volunteer application form
- Submit an application fee of \$35.00 (55 years or older \$20 application fee) payable to NSH-Cherokee Auxiliary
- **Sign the Agreement Form** and return with completed application
- Complete the **Application Authorization and Consent for Release of Information** form. You will receive additional information regarding how to complete the background check when your application is received. (For security purposes this information is only available to the Coordinator of Volunteer Services)
- Return the completed application to: **Northside Hospital-Cherokee Auxiliary, 201 Hospital Road, Canton GA 30114 – Attention: Lori Campbell** or you may drop it off at the hospital gift shop.
- After your application has been received and your background check has been completed you will be notified via telephone or email by the Coordinator of Volunteer Services to schedule a brief meeting. This will aid us in determining your areas of interest and appropriate placement.
- Complete two rounds of TB skin tests, provide immunization records or consent to an Immunity Status screening, both screenings are free of charge but must be completed prior to orientation. Please bring your driver's license for identification purpose when you come for your screenings.

We are excited to assist you through the process to become a volunteer here at Northside Hospital-Cherokee and look forward to meeting you soon.

Thank you again for your interest in the NSH-Cherokee Volunteer Program, please feel free to contact me if you have any questions.

Kindest regards,

Lori Campbell
Coordinator, Volunteer Services
Northside Hospital-Cherokee
770-720-5282 office
770-720-5291 fax



**NORTHSIDE HOSPITAL
CHEROKEE**

AUXILIARY

VOLUNTEER SERVICES ADULT APPLICATION

Last Name First Name Middle Initial DATE OF BIRTH

Address _____ City _____ Zip _____

Home Telephone# _____ Cell Phone# _____

Email Address _____

Emergency Contact:

Name _____ Relationship _____

Home Telephone# _____ Cell Phone# _____

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 _____

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

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_____



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



**NORTHSIDE HOSPITAL
CHEROKEE**

AUXILIARY

Auxiliary Agreement Form

PLEASE SIGN AND RETURN WITH COMPLETED APPLICATION

I understand and accept that in joining the Auxiliary and becoming a volunteer at Northside Hospital-Cherokee, I will adhere to the following commitments below:

- To be tested for TB, Immunity 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. **Please submit to Employee Health.**
- To attend an initial Orientation session and undergo any other training deemed necessary during the preliminary training period.
- To pay annual dues of \$10.00 to Auxiliary as an active member.
- To wear my photo identification badge and official uniform at all times when working in my 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 in my service area
- I understand there will be a 90 day probationary period with an informal evaluation

Print Name: _____ Date: _____

Signature: _____



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

Sex

Race

Date of Birth

Signature

Date

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.

Important Notes: • No alterations to the document such as white-out



**NORTHSIDE HOSPITAL
CHEROKEE**

AUXILIARY

Service Areas

The following services are typically offered:

Monday - Friday 9:00am to 1:00pm

Monday - Friday 1:00pm to 5:00pm

Saturday, Sunday and evening hours are available in some service areas

Patient Transport/Discharge/Escort- Duties involve greeting patients and visitors to the Hospital and escorting patients and their belongings to and from their rooms upon admission and discharge from the hospital. This service is provided for all patients needing out-patient surgery, as well as long-term inpatients.

C.H.I.P (Compassionate Help & Issue Prevention): Volunteer serves as a customer service advocate for in-patients. Rounding on inpatient population daily to inform them of hospital initiatives and offering support services.

Golf Cart Escort: Volunteers provides patients/employees/visitors a ride to and from their cars. Driver also makes regular rounds in the parking offering rides and monitoring for security purposes.

Gift Shop: Volunteers help stock, display, sell, and deliver a wide assortment of gifts and necessities to our patients and visitors. Volunteer helps to maintain the Gift Shop in a neat and orderly fashion; this position involves guest and patient interaction.

Emergency Department Guest Services: Duties involve room to room delivery of various items such as water, ice, blankets, etc. as well as room preparation between patient visits. Provide an escort for women checking in after hours to the Women's Center (3rd floor). Make rounds through ED lobby to keep patients/visitors current on wait times.

Surgical Services Volunteer: Duties involve assisting staff with patient transport in Recovery areas, escorting visitors to and from Surgical Waiting Room, and answering questions for patients and family members. Also to provide clerical support for Surgical Registration staff members as needed (example: putting labels on charts, etc.). Surgical Services also encompasses the PACU, PSA and Chart Management service areas of the hospital.

1 East, 2 East or 4th Floor Nurses Station: Duties involve assisting nursing staff with jobs such as, answering call lights at nurse's station, answering phone, rounding on patients and assisting secretary with various jobs as needed.

Patient Access Concierge: Duties include assisting patient admissions by escorting new patients to various areas of the hospital as well as helping to escort patients who arrive for outpatient services. Volunteers will also assist visitors or patients with other concierge type services.

Holly Springs Medical Office Building: Greet patients and visitors in the beautiful new MOB building, answer questions and direct visitors, assist Radiology/Imaging in their waiting area, assist to discharge patients in wheelchairs, light paperwork.

Towne Lake Medical Office Building: Greet patients and visitors in the beautiful new MOB building, answer questions and direct visitors, assist Radiology/Imaging in their waiting area, and assist with discharging patients in wheelchairs, light paperwork.

PALs Program: Volunteers play a crucial, central role in this program by carrying out program interventions directly at the bedside. Volunteers help to create a friendly hospital environment by providing sympathetic support, encouragement and companionship to older patients and their families. The goal of the program is to involve volunteers to provide specific assistance in the following volunteer intervention programs: Daily Visitor Program and Therapeutic Activities Program.

Volunteer Floater: This position will be trained in several areas within the volunteer services and will be available on their designated day and time to serve in the service areas that have a vacant position or need additional assistance.

Mail Service: This position is for the volunteer who enjoys being busy and walking. Volunteer is responsible for sorting and distributing mail to various hospital departments. Volunteer must be friendly and have a good sense of direction.