



AUXILIARY

Dear Friend,

Thank you for your interest in volunteering with Piedmont Columbus Regional Auxiliary. Being a volunteer is one of the most rewarding experiences in life.

Volunteers provide valuable service to the patients, guest and staff of our hospitals, as well as the community. As a volunteer, you will make a difference in someone's life. Perhaps you will keep an anxious mother informed; a young child comforted; celebrate the gift of life with new parents; or share a smile with a patient who is all alone.

You will also be making a real contribution to the community by joining a Volunteer Team that has contributed more than \$6 million and 15 million hours of service to make quality healthcare a reality in our region.

Other benefits for you include free hospital parking along with gift shop and cafeteria discounts.

Included are an application and background check form, along with information about the volunteer opportunities available. Please complete the application and return it to the Auxiliary office or mail to the address at the bottom of the application.

All Adult Volunteers are **REQUIRED** to have a
PPD Skin Test and background check.
The expenses of these requirements are discussed at the interview.
**We ask that you commit to a minimum of 100 hours of volunteer service in each
12 month period.**

We will process your application and call you for an appointment to discuss your becoming a member of the team. This process will take approximately 2 weeks.

If you would like more information about our program, please feel free to contact us at PCR_auxiliary.org or (706) 571-1480. We look forward to hearing from you and working with you as you begin your volunteer journey.

ADULT VOLUNTEER APPLICATION

TO APPLICANT: We deeply appreciate your interest in our organization and assure you we are sincerely interested in your becoming a volunteer.

Please complete this application and return to the Auxiliary Office with a copy of a legal form of ID.

Today's Date: _____

GENERAL INFORMATION

PLEASE PRINT		
LEGAL LAST NAME:	LEGAL FIRST NAME:	LEGAL MIDDLE NAME:
COMPLETE STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:		CELL PHONE:
E MAIL ADDRESS:		
ARE YOU A CITIZEN OF THE USA? Yes ___ No ___		
DATE OF BIRTH: Month: _____ Day: _____	ARE YOU AGE 18 OR OLDER? Yes ___ No ___	
CURRENT EMPLOYER:	WORK PHONE:	
ADDRESS:	YEARS EMPLOYED:	
IN EMERGENCY NOTIFY (NAME):		
ADDRESS:		
PHONE:	RELATIONSHIP:	
Are there any special accommodations we need to provide for you to perform your volunteer service? Yes ___ No ___ If yes, please explain:		
Have you volunteered with Piedmont Columbus Regional in the past? Yes ___ No ___ If Yes, what department(s) and when?		
Have you been convicted of a felony? Yes ___ No ___ Have you been convicted of a misdemeanor? Yes ___ No ___ Convicted criminals are not eligible to volunteer.		
Are you currently enrolled in school? Yes ___ No ___ If Yes, Where: _____		
What is your major field of study?		
At which hospital would you like to volunteer?		
Midtown Campus	Northside Campus	John B. Amos Cancer Center
SERVICES YOU ARE INTERESTED IN:	DAYS YOU PREFER:	TIME YOU PREFER:
1.	Mon ___ Tue-___ Wed___	Morning___
2.	Thur___ Fri___	Afternoon___

*****UNIFORMS WILL BE AVAILABLE TO PURCHASE AT ORIENTATION*****

REFERENCE AND CRIMINAL BACKGROUND CHECKS WILL TAKE APPROXIMATELY 2 WEEKS

CONFIDENTIALITY/ HIPAA STATEMENT (Please read carefully before signing)

I understand and agree that, in the performance of my duties as a Volunteer of Piedmont Columbus Regional Auxiliary, I must hold patient/medical information in confidence. Information should not be discussed with any individuals including co-workers, other volunteers, other students, or family. I also understand that any violation of patient confidentiality may result in my termination from the Volunteer Program. I further understand that this service is strictly voluntary and I will not receive any compensation for my service.

I hereby certify that all information given on this application is true and correct to the best of my knowledge without consequential or significant omissions of any kind whatsoever. I understand that Piedmont Columbus Regional Auxiliary will conduct a thorough inquiry of my personal character to verify the data provided herein and I agree to release from liability any person giving or receiving information in connection with this inquiry. I further understand that any falsification of information given in this application or any consequential or significant omissions therefore will be considered sufficient cause for either refusal to volunteer or immediate discharge from the organization. I waive my right of privacy in this investigation and release and hold harmless Piedmont Columbus Regional, Piedmont Columbus Regional Auxiliary and its agent Verified Credentials, Inc. from any liability

Disclosure and Authority to Release Information

I understand that in processing my application with Piedmont Columbus Regional Auxiliary, an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; criminal records, motor vehicle records and any data provided on this application or during the interview process. This report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials Inc., 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934."

I hereby certify that all the statements and answers set forth on this application form and/or my resume are true and complete to the best of my knowledge. I further understand that if any statements and/or answers are found false or information has been omitted, such false statements or omissions may be cause for rejection or termination of my volunteer service or application.

Applicant's Signature: _____ Date: _____

I authorize a photocopy of this release to be accepted with the same authority as the original and if accepted by the above named company, this release will email in effect throughout service to Piedmont Columbus Regional.

Legal Signature: _____ Date: _____

MAILING ADDRESS:

Piedmont Columbus Regional Auxiliary
710 Center Street
Columbus, GA 31901
Email Address: PCR_auxiliary@piedmont.org
(706) 571-1480