

**STEPHENS COUNTY HOSPITAL AUXILIARY
VOLUNTEER SERVICES
TOCCOA, GA**

MEMBERSHIP FORM

I hereby make application for membership in the Stephens County Hospital Auxiliary – Volunteer Services for the year ending September 30. (Fiscal year: October 1 through September 30).

I agree to uphold the purpose and policies and to abide by the By-Laws of Stephens County Hospital and the institution it serves.

Name _____ Date of Birth _____

Home Address _____ Home Phone _____

_____ Cell Phone _____

Business Address _____ Business Phone _____

Particular training, skills, hobbies, volunteer work, etc. _____

In order to best match your needs as well as those of the hospital, please indicate areas of service and hours that best fit your needs.

<i>Gift Gallery</i>	8:30 – 12:30	Information Desk	8:30 – 12:30
Gift Shop	12:30 – 4:30	(Front Lobby)	12:30 – 4:30

Patient Care	8:30 – 12:30	Information Desk	8:30 – 12:30
	12:30 – 4:30	(Outpatient Lobby)	12:30 – 4:30

Days of Week: 1st Choice _____

2nd Choice _____

3rd Choice _____

Signature

Date



Foundation

163 Hospital Drive – Toccoa, GA 30577 – 706-282-4254 – Fax 706-282-4334
www.stephenscountyhospital.com

Dear Applicant,

Thank you for your interest in the Stephens County Hospital Auxiliary – Volunteer Services. This is a wonderful organization with many rewarding benefits, the kind that money cannot buy. The Auxiliary has been a very important part of Stephens County Hospital for many years. This special group of people not only contributes their time and talents to the hospital but also provide a service to our community that is immeasurable. Here at Stephens County Hospital, our first priority is the care and comfort of our patients. By volunteering your time and energy, you can help us carry out our mission.

We have several areas and ways that you can volunteer. We will try to match your interest and talents with an area of service that fits your schedule as well as the needs of the hospital. The areas of service are listed on the application and outlined further in your packet. Your packet will also include the following policies: Professionalism and Rules of Conduct, Ethics, The Code of the Volunteer and the Volunteer Pledge. Enclosed you will also find an Orientation packet and a Background Investigation Release Form. Please complete the Orientation packet, sign and return the last two pages as well as the Background Investigation Release Form.

As a hospital volunteer, you will have the opportunity to work and get to know our hospital staff, others in our community, as well as our wonderful Auxiliary members. You will find your time spent at Stephens County Hospital will be priceless. Again, thank you for your interest in the Stephens County Hospital Auxiliary – Volunteer Services and I look forward to working with you.

Sincerely,

Pamela Jones
Foundation Director

About The Auxiliary

The Stephens County Hospital Auxiliary was founded in 1962 with the purpose of rendering service to Stephens County Hospital and its patients and to assist Stephens County Hospital in promoting the health and welfare of the community. As of April 2, 2013, the Auxiliary and the Foundation of Stephens County Hospital have joined forces. With a common interest in encouraging charitable gifts that support and advance the quality of health care provided by Stephens County Hospital, the Auxiliary along with the Foundation are now combining fund raising efforts. As a not-for-profit, tax exempt 501(c) (3) philanthropic corporation, the Auxiliary along with the Foundation vows to provide sound stewardship of contributions.

LOVE LIGHT CAMPAIGN

The Auxiliary host the annual *Love Light* Ceremony in December, this ceremony has become a tradition at Stephens County Hospital. All the proceeds from the *Love Light* Campaign go toward the purchase of equipment used in patient care throughout the hospital.

FUNDRAISING

The Auxiliary hold several different fundraisers throughout the year to raise money. All profits from these fund raising efforts go to the *Love Light* Campaign. Some of the fundraisers are:

- Uniform Sales (Two per year)
- Jewelry Sales (Three per year)
- Book Sales (Two per year)
- Plant Sale (One per year)

GIFT GALLERY GIFT SHOP

The Auxiliary Volunteers operate the hospital's gift shop known as the Gift Gallery. All profits from the gift shop go to the *Love Light* Campaign.

INFORMATION DESK

The Auxiliary staff the Information Desk located in the front lobby of the hospital as well as the Information desk located in the Outpatient Registration lobby. Both areas provide patient information such as room numbers, directions and general information about the hospital. This is a very important service to our visitors and patients.

PATIENT CARE AREAS

Some of our Auxiliary members enjoy interacting with the patients in the different patient care areas. These services would include such task as providing ice to a patient room, replenishing gloves in the glove boxes or simply talking with and encouraging patients.

SERVICE PINS

Each Volunteer is awarded service pins achieved at different levels of service performed at or for Stephens County Hospital. Hours are recorded as time is volunteered.

NATIONAL VOLUNTEER APPRECIATION WEEK

The Auxiliary are honored at a Tea recognizing National Volunteer Week in April. The tea is hosted by the hospital Administration as well as departmental Managers.

THE ANNUAL VOLUNTEER BANQUET

The Auxiliary are honored at an annual banquet in September. Members are recognized for their hard work and dedication to Stephens County Hospital and service pins are awarded.

OTHER BENEFITS

After being on duty for 4 hours or more or helping with other fund raising projects, you are entitled to a meal free of charge in our hospital cafeteria.

Each active Auxiliary member who wishes, a flu shot is provided free of charge in the fall.

REQUIREMENTS

You will be given a Blue volunteer jacket or vest. You may wear either white, khaki or black slacks as part of your uniform.

You are required to receive a P.P.D. Intradermal Skin Test for possible exposure to Tuberculosis. This is provided free of charge by Stephens County Hospital.

You are given Orientation papers that are to be signed and returned before your volunteer duties begin. This will help orient you to hospital policies, procedures and responsibilities while volunteering at Stephens County Hospital.

You are required to provide a signed Background Investigation Release form.

BACKGROUND INVESTIGATION RELEASE FORM

I _____, acknowledge that I have been advised that a background investigation will be conducted as a condition of my employment with **Stephens County Hospital**. I authorize **Stephens County Hospital** and its agent Phillips Agency, Inc. to check my criminal record, credit history, previous employment, education and all facts stated on my employment application. I understand and authorize the search of all criminal justice reporting agencies and the release of all criminal conviction records to **Stephens County Hospital** and its agent Phillips Agency, Inc. I authorize all persons, schools, companies, corporations, credit bureaus, department of motor vehicles and law enforcement agencies to supply information concerning any records they may have in their files to **Stephens County Hospital** and their agent Phillips Agency, Inc. I release **Stephens County Hospital**, Phillips Agency, Inc. and all persons who provide information to **Stephens County Hospital** and Phillips Agency, Inc. concerning me, from all liability for any damages on account of inquiry into and the furnishing of said information. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person. As per the Fair Credit Reporting Act, I have the right to know if employment is denied because of information from a consumer-reporting agency. If employment is denied, I also have the right to request that a copy of my background report be supplied to me at no charge.

Signature

Date

Please print the following information clearly

Last Name

First Name

Middle Name

Please list all names you have been know by, employed as or obtained credit as below.

(Date of Birth)

(Social Security Number)

(Drivers License Number)

(Drivers License State)

(Sex)

(Race)

Present Address

Former Address

Address _____

(Street)

(City)

(State)

(Zip)

Address _____

(Street)

(City)

(State)

(Zip)

Special Employment Provision (Please Check if Applicable)

- Employment with Elder Care**
- Employment with Mentally Disabled**
- Employment with Children**

(Purpose Code "N")

(Purpose Code "M")

(Purpose Code "W")

This form to be used for background investigative purposes only and will not be made a part of any employment file. ©Phillips Agency, Inc. P O Box 1123 Toccoa, GA 30577 706-886-9922 Fax 706-886-5510 www.applicantprofile.com
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