



Care | Competence | Compassion | Courtesy

Our Mission:

To help people achieve and maintain optimal health by providing the best possible health care services. We will always make the needs of our patients our top priority.

Thank you for your interest in volunteer service with Culpeper Regional Hospital's Auxiliary. Culpeper Regional Hospital has volunteers working in a variety of service areas to assist families, patients, and the surrounding communities of Culpeper. The Auxiliary's primary purpose is to specialize in services that add to the comfort, care, and happiness of patients and families.

To join our Auxiliary staff you must complete this application in its entirety and turn it in at the Hospital's first floor reception desk. You must include a check in the amount of \$5.00, which serves as an application processing fee and membership dues.

After your references are checked you will be contacted by the Education Liaison and asked to submit to a pre-membership screening process, to include an interview, criminal background check, and wellness screen. Upon satisfactory completion of the screening process, you will attend an orientation class, to be scheduled by the Education Liaison. You will also be required to have a PPD (test for tuberculosis) at this time, which will be administered by the Hospital's wellness staff.

Please remember that we have a dress code. After orientation, Auxiliary members will purchase (for a nominal fee):

Male – Red Vest or Jacket (Blazer)

Female – Salmon Vest, Jacket, Apron, or Smock

An order form will be provided during orientation.

Specifics of the Hospital dress code policy will be discussed during orientation.

We welcome all applications, however, please only submit an application if you are seriously committed to volunteerism and our Core Values: Compassion, Integrity, Teamwork, Stewardship, and Excellence.

Some services provided by volunteers involve direct patient contact. Others provide assistance to the patient's family and visitors. Volunteers serve primarily in the following areas: Reception Desk, Gift Shop, Surgical Waiting Area, Thrift Shop, Floor Service, Coffee Shop, Admitting, and Emergency Room. Auxiliary members also provide services in other areas as requested and appropriate. Volunteer opportunities are available to meet most schedules and time commitments.

CULPEPER REGIONAL HOSPITAL AUXILIARY
Application for Membership

Name: _____
(Last) (First) (Middle)

Date: ____/____/____

Address: _____

(City) (State) (Zip)

Phone: (h) _____
(w) _____
(cell) _____

Email: _____

Date of Birth: ____/____/____

I am interested in the following area(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Reception, Main Entrance | <input type="checkbox"/> Thrift Shop | <input type="checkbox"/> Coffee Shop |
| <input type="checkbox"/> Reception, Admitting | <input type="checkbox"/> Floor Service | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Family Birth Center | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Surgical Waiting Area | <input type="checkbox"/> Knitting Baby Caps | <input type="checkbox"/> Sewing Sock Dolls |
| <input type="checkbox"/> Admitting Greeter | <input type="checkbox"/> Powell Wellness Center Greeter | |
| <input type="checkbox"/> Sewing Sock Dolls | <input type="checkbox"/> Clerical (Telephones, Filing) | |
| <input type="checkbox"/> Pet Therapy | <input type="checkbox"/> Emergency Room (must complete 30 hours in another area prior to ER volunteering) | |

Other Area(s) of interest: _____

In case of emergency, contact:

Name: _____

Relationship: _____

Address: _____

(City) (State) (Zip)

Phone: (h) _____
(w) _____
(cell) _____

Are you currently employed? Yes ___ No ___ Employer: _____

Day(s) Preferred: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours Preferred: _____

How did you learn about volunteer opportunities at Culpeper Regional Hospital?

Why do you want to volunteer at Culpeper Regional Hospital?

Have you ever volunteered or worked in a hospital setting before? Yes ___ No ___

Location(s): _____

Have you ever been convicted of a law violation, excluding minor driving violations? Yes____ No____
If yes, please explain:

List any experiences, talents, or developed/certified skills that may be helpful in service.

Employer	Dates	Nature of Work

Organization or Program	Dates	Your Role

Other:

Please list two (2) references (excluding relatives) that may be contacted:

Name	Address	Phone	# Years Known

I hereby apply for volunteer work with the Culpeper Regional Hospital. I understand and agree to comply with the regulations and requirements of the Hospital Auxiliary. I agree to accept responsibility to honor the commitment of time that I am scheduled and to provide my chairperson with adequate notice at such times when I am unable to report for duty.

I understand that I have the right to terminate my volunteer service for any reason at any time and that Culpeper Regional Hospital Auxiliary Volunteer Chairman retains the same right. Should I stop volunteering, my hospital I.D. badge will be surrendered. Further more, I understand that any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal.

I understand that I must complete a criminal background check, which may include fingerprinting. I understand that I will be given a tuberculosis test prior to service and each year following. I understand that in case of injury, or for cause, I may be required to submit to drug substance and alcohol testing. Further more, I understand I am required to attend the hospital orientation, annual in-service education, and continuing education supplied by the hospital.

Applicant's Signature:_____ **Date:**_____

PLEASE RETURN COMPLETED APPLICATION WITH \$5 CHECK (PROCESSING FEE/DUES) TO THE FIRST FLOOR RECEPTION DESK OR MAIL TO:

CULPEPER REGIONAL HOSPITAL
ATTN: K. STEWART – STAFF EDUCATION
PO BOX 592
CULPEPER, VIRGINIA 22701

For Auxiliary Use Only:

_____ **Dues Paid** _____ **Sent to DOV** _____ **CHBC Sent**

For further information, please contact Kim Stewart at (540) 829-4280.