



**Hospital Auxiliary of Aiken County, Inc.
 Adult Volunteer Application
 302 University Parkway
 Aiken, SC 29801
 (803) 641-5021**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

Name: _____ Date: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Cell phone: _____
 Date of birth: Month: _____ Day: _____ Year: _____
 E-mail address: _____
 Spouse name: _____ (if applicable)
 In case of emergency please notify: _____
 Relationship to applicant: _____ Telephone: _____

References: (two required other than family members)

1. _____ Telephone: _____
 2. _____ Telephone: _____

For security purposes, a background check will be done on all new volunteer applicants. Please signify you have read and understand the above statement by dating and signing this application.

Previous work experience: _____

Please list any special skills, training, or experience: _____

Have you ever been convicted of a felony? _____
 (Conviction will not necessarily disqualify you from becoming a member of the Auxiliary.)

Please share why you have an interest in volunteering at a hospital: _____

What area(s) of volunteering interest(s) you? _____
 You may be assigned to the area of most urgent need.

What days and hours are you available to volunteer? _____

Statement of Understanding

I hereby give the Hospital Auxiliary of Aiken County, Inc., permission to contact the listed references and perform a background investigation and release Aiken Regional Medical Centers and the Auxiliary from any liability as a result of such contact. I understand that volunteer placement will be contingent upon receipt of satisfactory references, background check, a personal interview, completion of all initial and future health requirements as prescribed by hospital policy, and completion of orientation and training requirements.

Signature of Applicant: _____ Date: _____

Information for New Volunteer Applicants

Applications are processed as follows:

- Application received in Auxiliary office
- References checked
- Interview scheduled (this may take a week or more)
- TB test taken
- Background Check
- Orientation scheduled (mandatory half-day)
- Service Chair training for specific duties

DUES: Members of the Hospital Auxiliary of Aiken County, Inc. pay annual dues, which are collected in January each year. New members' dues are prorated depending on the month you become a member of the Auxiliary.

ATTIRE: Volunteers purchase and maintain their own uniforms, which consists of a navy-blue jacket for men and a pink/salmon top for women. An Auxiliary patch is to be sewn on the upper left side of the uniform. Men and women can also wear the navy-blue sweatshirt. Jackets and tops, sweatshirts and Auxiliary patches must be obtained through the Volunteer Office.

Slacks: Can be either white or khaki for men and women. Women: No capris or shorts. Men: No shorts.

Shirts: White shirts, preferably with a collar are to be worn under the smocks. A white shirt or white turtleneck is to be worn with the sweatshirt.

Shoes: Must be closed-toe shoes in solid black, brown, gray, navy blue or white. Non-slip soles are at the individual's discretion.

Socks: If worn, must be in a solid complimentary color to your shoes.

Everyone must wear an identification badge, which is issued on orientation day. Everyone must have a TB test and Background Check.



Office Use Only

Date of initial interview: _____

Interviewed by: _____

References checked by: _____

Comments:

Area of interest: _____ Service assigned to: _____

Date Service Chair is notified: _____

Date Job Description Given: _____

Date of Hospital Orientation: _____

Date Hospital Tour Given: _____

Special comments or circumstances (if any):

