



Volunteer Auxiliary
2100 Hwy 61 North
Vicksburg, MS 39183
601-883-6118

Dear Prospective Auxiliary Member:

I am delighted to send you this application for the Auxiliary at Merit Health River Region, a non-profit volunteer group that provides much needed assistance to hospital patients and visitors. You will need to complete the application form and return it at your earliest convenience.

Auxiliary members have the opportunity to serve in several different areas of the hospital. These include operating the gift shop, answering the telephones at the front information desk, directing visitors to areas/rooms in the hospital and assisting in getting patients in as quickly as possible. Volunteers also assist in the ICU, Ambulatory Surgery, Diagnostics and Cardiology by making coffee, answering the phone and assisting those who are waiting.

The application should be returned with \$3.00 membership dues (check), made payable to Merit Health River Region Auxiliary. Please note that two references other than Auxiliary members are required (neighbors, minister, former co-workers, etc.). Either return your completed application by mail or hand deliver to the Merit Health River Region front desk. The Auxiliary membership chair will contact you for an appointment to complete processing your membership.

There are some hospital guidelines to which each member must comply. Every new applicant is required to attend a hospital general orientation and receive a TB skin test prior to his or her work assignment. You will also be requested to complete a drug test and fingerprinting, which are required in order to insure the safety of our patients, guests, and staff. These two simple tests will be conducted at the hospital. According to our Auxiliary bylaws, each member is required to serve a minimum of 50 scheduled hours per year and attend at least half (3) of our bi-monthly meetings.

If you have any questions, please feel free to give me a call at 601-218-5543. This is a wonderful opportunity for you to serve the community, friends and neighbors during a potentially stressful period in their lives. We look forward to serving with you.

Sincerely,

Cathy Hall
Membership Coordinator



Auxiliary Application



Auxiliary Application

Return completed application to: Leigh White, Merit Health River Region, 2100 Hwy 61 North, Vicksburg, MS 39183

Either return your completed application by mail or hand deliver to the Merit Health River Region front desk. The Auxiliary membership chair will contact you for an appointment to complete processing your membership.

Today's date _____ SS# _____

Name _____ Date of Birth _____

Driver's License # _____ Photo Copy { } Yes { } No

Email _____

Address _____

City/State/Zip _____

Primary phone number: (_____) _____ Secondary number: (_____) _____

Do you speak any foreign languages? { } No { } Yes – If yes, please list below.

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Relationship to you: _____

Phone: (_____) _____ Secondary number: (_____) _____

Emergency Contact: _____

Relationship to you: _____

Phone: (_____) _____ Secondary number: (_____) _____

This hospital does not discriminate on race, color, religion, sex, sexual orientation, gender identity, nation origin, age, disability, genetic information, citizenship, veteran status, military or uniformed services or other protected classifications, in any way including admissions, treatment, programs, services, activities or employment.

Previous Volunteer Experience

Why are you interested in volunteering? _____

How did you hear about this volunteer program? _____

Have you ever performed volunteer work before? Yes No

If yes, where? _____

Is there anything that may adversely affect your ability to perform the volunteer duties?

No Yes – If yes, please describe in detail: _____

Are there any accommodations needed in order for you to safely and competently perform the volunteer duties as requested? _____

Do you have any physical, visual or hearing needs we need to consider?

No Yes – If yes, please describe in detail: _____

Volunteer Opportunities at Merit Health River Regions

Merit Health River Region Auxilians assist in operation of the Gift Shop, Front Desk, Diagnostics Desk, Cardiology/Cath Lab Waiting Area, ICU/CVICU Waiting Room and Ambulatory Surgery. We prefer to expose all new volunteers to these various areas to enable them to choose the area that suits them best. Do you have an area that you would prefer?

When are you available to begin volunteering? _____

List preference of day(s) and time(s) that you would like to volunteer and if you prefer the morning or afternoon shift. Volunteers work 4 ½ hour shifts: 8:00 a.m. – 12:30 p.m. or 12:30 p.m. – 5:00 p.m.

Education and Work Experience

Education: Check highest level

High School: 9 10 11 12

Name and State: _____

College: Associate's Degree Master's Degree
 Bachelor's Degree Doctoral Degree

Degree/Major: _____

Employment Experience:

Have you ever been employed at a hospital? Yes No

Last place of employment, if any: _____

Address: _____ Phone: (____) _____

Position: _____ Supervisor: _____

Do you have any special medical or clinical certification or licenses, or have medical training of any type? If yes, please list: _____

References

Please list references for any current or former job, supervisors or clergy. Family members and relatives may not provide recommendations.

1. Name: _____ Telephone number: (____) _____

Relationship to you: _____ Business name: _____

Address: _____ City/State: _____

2. Name: _____ Telephone number: (____) _____

Relationship to you: _____ Business name: _____

Address: _____ City/State: _____

FOR OFFICE USE ONLY:

Personal meeting with: _____ Date: _____

References checked by: _____ Date: _____

Other

Have you ever been convicted of a felony? No Yes

Have you ever been convicted of a misdemeanor? No Yes

If yes, please describe the conviction in detail including dates:



Auxiliary Statement of Confidentiality

I confirm that the aforementioned information is correct. It has also been explained to me, and I understand, it is my responsibility to find a substitute in the event that I am unable to report for my schedule. In order to remain a member of the Merit Health River Region Auxiliary, I am required to volunteer a minimum of 50 hours per year (7/01 – 6/30) under the schedule and duties outlined for my selected services(s), attend three of the six Auxiliary meetings annually (unless I have an EXCUSED absence), have an annual TB Skin Test, attend general orientation and annual compliance training, and pay annual membership dues. I understand and agree to support and promote the patients of Merit Health River Region, the Vicksburg community, and the Auxiliary through my service, activities and dedication.

I also understand that all information regarding a patient (including diagnosis, prognosis, and the course of treatment selected by the attending physician) is confidential and is privileged information that I cannot divulge to anyone (including my family, hospital employees, other hospital volunteers, and most especially, anyone outside the hospital).

I further understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies on hospital property or act as a runner or caper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the hospital chief executive officer.

Mississippi has a strong confidentiality statute protecting patients' rights as it relates to their medical information. Therefore, any patient information will be released only as prescribed by written procedure and policies by authorized personnel and only after appropriate procedures have been followed. Requests from the news media concerning patient information should be referred to the Director of Marketing and Public Relations.

Any violation of this policy by a hospital volunteer is reason for automatic termination of volunteer service.

Printed Name

Date

Signature

Volunteer Services Staff Signature

Date