

Bedford Memorial Hospital

Denise R. Edwards, Manager

Volunteer Services/Auxiliary

1613 Oakwood Street

Bedford, VA 24523

540-587-3317

[Denise.Edwards@Centrahealth.com](mailto:Denise.Edwards@Centrahealth.com)

Thank you for your interest in Centra Bedford Memorial’s Volunteer Program! Enclosed is an application that will help you decide how to contribute your time and talents. If you decide to volunteer at BMH, there are prerequisites for acceptance into the program:

1. Completing the enclosed application
2. Completing Employee Health Mini-Health Assessment
3. TB immunization, Back Ground Check & Drug Screening
4. Copy of immunization record (measles, mumps, rubella,); if not available, lab titer test will be administered by Employee Health
5. Proof of current flu vaccine if between D ecember 1 and March 31. One will be administered at no cost if not already done.
6. Proof of Covid vaccine (2).
7. Completing the volunteer orientation

I look forward to receiving your application! If you would like a tour of the hospital or have any question, please feel free to contact me at 540-587-3317.

Sincerely,

DeDe Edwards

Denise “DeDe” Edwards

Volunteer Manager



**VOLUNTEER APPLICATION**

**Centra Bedford Memorial Hospital**

**1613 Oakwood Street**

**Bedford, VA 24523**

**540-587-3317**

**PLEASE PRINT:**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(LAST) (FIRST) (MIDDLE)**

**PRESENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(STREET)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(CITY) (STATE) (ZIP)**

**HOW LONG HAVE YOU BEEN AT THIS ADDRESS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF LESS THAN 2 YEARS, WHERE DID YOU LIVE BEFORE THIS ADDRESS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE: HOME ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL SECURITY # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Their phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Care Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**PERSONAL INFORMATION:**

**Share a bit of information about yourself – what do you enjoy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other organizations to which you belong: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you volunteered before? \_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been an employee of Centra? \_\_\_\_\_\_\_\_\_\_**

**Have you previously applied to volunteer at Centra?\_\_\_\_\_\_\_\_\_\_**

**Centra Facility/Hospital at which you would like to volunteer? \_\_\_\_\_\_\_\_\_\_**



**EDUCATION:**

**High School Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ College Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If a college graduate, areas of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Highest level/degree obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other professional training/licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you are in school now, please provide the name of your school and the year you plan to**

**graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is volunteer work a requirement of your school? \_\_\_\_\_\_\_\_\_\_**

**Will you be available year round? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**EMPLOYMENT**

**Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full/Part-time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Retired from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**REFERENCES (2 Non-related) – Please furnish names and contact information:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name) (Street) (City) (State) (Zip) (Phone)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name) (Street) (City) (State) (Zip) (Phone)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address**



**SCHEDULE AVAILABILITY:**

**Days of the week you are available: Time(s) of the day you are available:**

**\_\_\_\_Sunday \_\_\_\_Early morning 6 am**

**\_\_\_\_Monday \_\_\_\_Morning 9 am**

**\_\_\_\_Tuesday \_\_\_\_Afternoon 12 noon**

**\_\_\_\_Wednesday \_\_\_\_Late afternoon 3 pm**

**\_\_\_\_Thursday \_\_\_\_Evening 6 pm**

**\_\_\_\_ Friday**

**\_\_\_\_ Saturday**



**CONVICTION HISTORY: (This information is strictly confidential)**

**Have you ever been convicted of a felony? \_\_\_\_\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been ordered to perform court-ordered community service? \_\_\_\_\_\_\_\_\_\_**

**A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED.**



**APPLICANT’S CERTIFICATION AND AGREEMENT:**

I certify that the information given by me in the application is true and complete in all respects and understand any falsifications or omissions shall be sufficient cause for dismissal from or refusal of volunteer status.

I authorize my former employers, and persons listed as references on this application to furnish any information concerning my personal character, habits, employment record, and previous volunteer experience. I release all such persons from any liability or damages incurred as a result of responding to our inquiry and furnished this information to us.

If accepted as a volunteer, I may terminate my volunteer service at any time without notice or cause. Likewise, the Volunteer Services Department may terminate or modify the relationship at any time without notice or cause.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s Signature Date





**The purpose of Volunteer Services is to serve Centra in a positive manner, to enhance the well-being of patients and to support the Hospital staff.**

* **I understand that due to the expended investment of time and financial resources in the on boarding and training of new volunteers, Volunteer Services requests a minimum of 50 hrs. per year commitment from volunteers. Volunteer Services may refer perspective volunteers to other community volunteer programs if the minimum time requested is not possible.**
* **I understand that in the course of my volunteer week I may be exposed to information of a confidential nature pertaining to patients and/or their families. I will consider as confidential all information which I may hear directly or indirectly, and will not seek information in regard to a patient, except as it pertains to my volunteer assignment. I agree to uphold the traditions and standards of this hospital and to safeguard its reputation by maintaining the highest standards of confidentiality.**
* **I agree to be punctual and to make an effort to obtain a substitute if I am unable to be at my assigned location when scheduled. I will keep the Volunteer Services office informed regarding this. If I am absent for more than four (4) scheduled shifts without prior notification, the Volunteer Office reserves the right to terminate my status.**
* **I agree to adhere to the department’s sign in/sign out procedures each time that I volunteer.**
* **I agree not to engage in any manner of religious, commercial or political solicitation while in the hospital or on hospital property.**
* **I agree to dress appropriately while working as a volunteer which includes a clean, pressed uniform, and hospital identification badge.**
* **I agree to uphold the Customer Service Standards as outlined in my orientation (safety, confidentiality, teamwork, professional behavior, and accountability.**
* **I understand that the Department of Volunteer Services reserves the right to dismiss my volunteer status at any time without notice or cause as a result of (a) failure to comply with organizational policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the sole judgment of the department staff, would make my continued service as a volunteer contrary to the best interests of the organization.**

**I have read each of the above conditions, and I agree to be bound by them.**

**VOLUNTEER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF VOLUNTEER IS UNDER 18 YEARS OF AGE:**

**PARENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VOLUNTEER SERVICES MANAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revised 3/2022**



CENTRA HEALTH

LYNCHBURG, VIRGINIA

CONFIDENTIALITY POLICY AND AGREEMENT

“OUR CONTINUING MISSION IS EXCELLENT CARE…EVERY TIME”

(Centra Health Mission Statement)

In meeting this Mission, those within the Centra Health system may have access to certain confidential information. Centra recognizes the right of individuals to privacy but also realizes that certain information regarding the patient and/ or Centra Health is essential to providing quality care. The patients and all individuals are treated in a manner that satisfies the legal and medical responsibility to preserve the confidentiality of all forms of health care information which also meets Centra Health’s own standards of integrity and quality. Centra must comply with both the letter and spirit of the laws, rules, regulations and policies that govern the confidentiality of health care information.

It is, therefore, the policy of Centra Health that all information, including, but not limited to patient diagnoses or courses of treatment, physician or other professional activities, Centra Health procedures, or financial and operating statistics, is confidential. This policy applies whether the information is to be accessed only on a “need to know” basis. The term “need to know” means that the information is essential for performance of responsibilities at Centra Health. Centra Health relies on volunteers’ integrity to maintain this moral and legal obligation to patients and the organization. Any violation of this confidential information policy may lead to disciplinary or legal action against and/ or dismissal of the volunteer.

By my signature on this Confidentiality Policy and Agreement, I acknowledge that I have read this Policy and Agreement and that I understand the content and importance of the policies set forth in it. I accept the responsibility that is placed on me as a Centra Health employee/ volunteer or agent to comply with the obligations that are set out and agree to abide by the policies of Centra Health as outlined in this document. I understand and agree that my obligation to maintain the confidentiality of the information discussed in this policy and agreement shall continue after my relationship with Centra Health ends.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BENEFITS PROVIDED TO VOLUNTEERS**

**BY CENTRA BEDFORD MEMORIAL HOSPITAL**



1. FREE **flu shot** each fall!
2. **Liability Insurance** carried by hospital!
3. Annual Recognition **Banquet**!
4. 20% **discount** in the hospital gift shop!
5. A FREE **lunch** in the cafeteria **during the time you volunteer**!
6. Local YMCA Membership/Application Fee ‘waived” for New Members

**PLUS (just to mention a few):**

* Connects you with Society
* Helps your mind and body
* Fulfills your life/Meet new people
* Make a difference
* Learn about your community
* Have Fun
* GIVE BACK
* Have Fun

