

McLeod Health Clarendon

Dear Potential Volunteer,

We are excited that you have expressed an interest in volunteering at McLeod Health Clarendon.

The Volunteer Department is dedicated to making a difference in the lives of our community by providing the highest quality of service and support.

Guided by the Hospital's Core Values of *Caring, the Person, Quality and Integrity*, it's the mission of every volunteer to provide the highest level of compassion and assistance to **ALL** patients, families, visitors, staff and fellow volunteers.

To become a part of our extraordinary team of volunteers you must meet the following criteria:

- Submit an application to volunteer services (*See attached application*)
- Successfully complete an interview with the Director of Volunteer Services
- Complete and pass criminal background
- Schedule, complete and clear the Health Assessment
- Attend volunteer orientation and training

We are certain that volunteering will be a rewarding experience for you and I sincerely look forward to talking to you personally. If you have any questions and/or would like to schedule a time to meet, please call me at 803-435-5287 or stacy.mosier@mcleodhealth.org.

With warmest regards,

Stacy Mosier

Stacy Mosier
Director, Volunteer Services

McLeod Health

The Choice for Medical Excellence

Application for Volunteer Position

Name _____ Phone: Home _____ Work/Cell _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Contact in an Emergency _____ Phone _____

Social Security No. _____ Birth date _____
Month Day

How did you learn about the McLeod volunteer program? _____

Do you know any McLeod volunteers? _____ If so, who? _____

Have you ever volunteered before? _____ What did you do and where did you volunteer? _____

What areas of volunteering interest you? _____

What days and hours are you available to volunteer? _____

List name, full address, and phone number of two personal references not related to you.

1. _____
Name Address

City State Zip Home Phone Work Phone

2. _____
Name Address

City State Zip Home Phone Work Phone

Education Background:

Last grade completed _____

Other courses completed (computer, GED, etc.) _____

Current Occupation _____

Hobbies, Interests, Skills _____

Have you ever been convicted of a felony? Yes _____ No _____
If yes, please give details _____

Have you received a physical examination in the past year? Yes _____ No _____

Please list the name of your family physician and phone number. _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

I UNDERSTAND THAT PRIOR TO SERVING AS A VOLUNTEER A SOUTH CAROLINA RECORDS CHECK WILL BE PERFORMED.

SIGNED _____ **DATE** _____

Volunteer Opportunities

Our volunteers make a meaningful difference to our patients, visitors and staff. We are seeking volunteers willing to devote their time, knowledge and expertise to be of service to others.

Opportunities are available in a variety of professional health related and informal settings.

- Clerical Volunteer for various departments
- Comfort Cart Volunteer
- Home Health Volunteer
- Junior Volunteer
- Patient Escort Volunteer
- Patient Experience Volunteer
- Patient Transport Volunteer
- Spiritual Services Volunteer
- Volunteer Greeter/Way-Finder
- Gift Shop
- Women Services Volunteer
- Swing Bed Patient Activities
- Pet Therapy

Volunteers perform a variety of customer-focused duties, from visiting with patients, to clerical assistance and spiritual care. Most volunteer opportunities allow for flexible scheduling, giving you the freedom to volunteer as many hours per week as you'd like.

For more information on how to become a Service Volunteer, please contact Director of Volunteer Services Stacy Mosier at 803-435-5287 or stacy.mosier@mcleodhealth.org