

Want to Volunteer at Atrium Health Lincoln?

Atrium Health Lincoln provides a high level of professionalism and medical technology combined with the essential element of the human touch, which all aid in improving overall health. Our volunteers are of great service to the hospital in providing that additional compassionate, healing and high-touch presence at work in a high-tech environment. Volunteers assist in alleviating the natural fears and apprehension of a patient or family member by performing courteous and beneficial services. They help reduce the isolation and stress associated with hospitalization by delivering mail or flowers to the patient, filling a water pitcher, escorting a family member to the appropriate area, communicating to family members and friends while they are waiting for surgery and recovery of their loved ones, or simply working in the gift shop.

No matter how small the service may seem, volunteers continue to prove themselves as an integral part of the healing process.

How to Become an Adult Volunteer

To become an adult volunteer, one must be 18 years of age or older, commit to one year or more, and complete application process:

1. Submit a completed application
2. Include two non-family references (forms included in application)
3. Authorize us to conduct a criminal background check
4. Provide documentation of two measles, mumps, rubella and chickenpox immunizations
5. Receive two TB skin tests
6. Appear for a personal interview with volunteer coordinator
7. Attend an all-day (8am to 3pm) new teammate orientation (held first Tuesday of each month).

Acceptance of volunteers is contingent upon meeting the above requirements and the needs of the hospital. Completing an application does not guarantee acceptance into the volunteer program.

The following departments have volunteer opportunities; placement depends on available spots open at current time:

- Administration
- Cafeteria Attendant
- Clerical Assistance
- Emergency Department
- Floater – various departments as needed
- Guest Services/Greeters and Escorts
- Gift Shop
- Housekeeping/EVS
- Infusion Center/Levine Cancer
- Materials Management
- Meal Prep Patient Rooms
- Outpatient Registration
- Pain Center in Denver
- Patient Care Units (Medical, Telemetry)
- Radiology
- Rehab in Denver, or Gaston Street
- Shuttle Driver (golf cart)
- Surgical Waiting Room

For more information about volunteer opportunities, please call 980-212-1962.



Atrium Health

Dear Volunteer Applicant:

Thank you for your interest in the Volunteer Services program at Atrium Health Lincoln. Joining the dedicated team of adult and teen volunteers can be a richly rewarding experience for you. Through volunteering at Atrium Health Lincoln, you will find challenging and enjoyable activities that will be satisfying to you while you perform valuable service to others. Atrium Health requests a commitment of a minimum of 50 hours within six-months and at least one full year of service.

In keeping with the excellent care tradition of Atrium Health, we are committed to creating and maintaining excellence in all that we do. As part of the volunteer services process, Atrium Health conducts a background check for all potential volunteers.

Please complete the attached application and background form and return them to:

Atrium Health Lincoln
Volunteer Services Department
Attn: Jackie Gardella
P.O. Box 677
Lincolnton, NC 28093

Once we have processed your application and conducted an interview with you, you will be required to meet with an Employee Health Nurse for a health assessment. Please complete the attached Health History form and **bring it with you to your scheduled interview (do not submit this with your application)**; along with a copy of your vaccination record indicating you have received your Measles, Mumps, Rubella, Varicella (Chicken Pox), Flu, and Covid-19 vaccinations.

We look forward to helping you pursue your interest in volunteering at Atrium Health Lincoln.

Sincerely,

Jackie Gardella
Volunteer Services
(980) 212-1962



Atrium Health



Volunteer Application Form

Name _____
(Last) (First) (Middle initial)

Address _____
(Street) (City) (State) (Zip Code)

Phones (H) _____ (C) _____ (W) _____

Email Address _____ Birthdate: month _____ day _____ (recognition only)

Volunteers must be 18 years or older to be considered for the adult volunteer program. Do you meet this requirement?
____ yes ____ no

I have completed: ____ High School ____ Some College ____ College ____ Graduate School

Previous Volunteer Experience: _____

How did you hear about the volunteer program? _____

Are you seeking paid employment with Atrium Health? _____

Please give us any other information you feel would be pertinent to your application (hobbies, interests, skills, training, etc.)

Areas of interest to volunteer in: ____ clerical ____ patient areas ____ shuttle golf cart ____ gift shop

Positions preferred: _____

Days preferred: ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri

Shifts Available:- 8 am – 12 pm _____ 12 – 4 pm _____ Other _____

All new volunteers are asked to commit to at least one full year of service.

How long do you anticipate volunteering at Atrium Health Lincoln? _____

Completing an application does not assure placement. Applications will be reviewed to see if your availability matches a current opening. Applicants will be chosen on the basis of personal interests and qualifications, keeping in mind the best interest of both the applicant and the medical center. The first 90 days will be mutually probationary. A signature indicates that future employment is not guaranteed, is an approval to check references, conduct criminal background checks, contact your physician regarding physical/emotional health, and obligates you to adhere to all the rules and regulations of Atrium Health Lincoln.

Date _____ Signature _____

***This application will not be accepted without signatures.**

Background Disclosure

Atrium Health obtains arrest and conviction records on all potential volunteers. An arrest or conviction will not automatically eliminate you from consideration for volunteering. However, failure to list all pending charges and/or convictions may lead to your disqualification or termination of volunteering with Atrium Health.

Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement, etc.

Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation of charges for violation of criminal law? Yes No

If yes, please explain _____

Emergency Contact Information:

Full Name	Relationship
()	()
Daytime Phone	Cell. Phone
Full Name	Relationship
()	()
Daytime Phone	Cell. Phone

As a volunteer I agree:

I will consider as confidential all information which I may hear or see, directly or indirectly, concerning a patient, patient family member, doctor, or other health care professional and I will not seek information from any of the above regarding a patient.

I hereby certify that the answers on this application and any resulting from interviews are true and correct and that any misrepresentations or omissions of facts, misleading, or false information on my part will be grounds for dismissal as a volunteer. Acceptance as a volunteer is contingent upon satisfactory references, verification of information submitted on the application and satisfactory completion of mandatory requirements. I authorize that all employers, schools, or references thus contacted be released from all liability in answering questions related to my application.

My services are donated to Atrium Health without contemplation of compensation or future employment and given with humanitarian or charitable reasons.

I authorize Atrium Health to administer emergency medical treatment to me while volunteering. I understand that Atrium Health is not responsible for volunteers after their assigned volunteer shift has ended.

Applicant's Signature

Date

PLEASE NOTE

- **Your signature indicates your approval for us to check references.**
- Filing an application does not assure volunteer placement. The Volunteer Services Department is not obligated to provide a placement, nor are you obligated to accept the position offered. **The first ninety days of the volunteer experience will be mutually probationary.**
- Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.



Atrium Health

Volunteer Reference Form

Name of applicant: _____

Please complete this reference form in regard to the applicant's suitability to become a volunteer at Atrium Health Lincoln. We appreciate your honest opinion and hope that you will feel free to express any concerns that you may have. If you wish to further discuss any issues, please call (980) 212-1962. Thank you for your assistance.

Name: _____ Phone: _____

Relationship to applicant: _____

How long have you known the applicant? _____

Please describe any special skills, strengths and abilities this applicant will bring to the volunteer program:

Do you consider the applicant a responsible/dependable person? Why or why not?

Please rate his or her maturity level: (low) 1 2 3 4 5 (high)

Does the applicant express willingness to work in the healthcare field?

Would you recommend the applicant as a volunteer for Atrium Health Lincoln? Why or why not? _____

Additional comments: _____

Signature: _____ Date _____

Mail to:
Atrium Health Lincoln
Volunteer Services Department
Attn: Jackie Gardella
P.O. Box 677
Lincolnton, NC 28093

Fax: 980-212-1753



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