

COLQUITT REGIONAL VOLUNTEER SERVICES

Greetings!

Thank you for your interest in volunteering with **Colquitt Regional Medical Center**. We deeply value the commitment of community members like you who want to make a meaningful difference in the lives of our patients. By choosing to volunteer, you're not just giving your time—you're joining a dedicated group of individuals who make up our **Volunteer Auxiliary**.

As part of this elite team, you'll have the opportunity to meet new people, form lasting friendships, and contribute to the mission of Colquitt Regional in a truly impactful way.

Commitment & Expectations

We view our volunteer program as a long-term partnership and are looking for individuals who are willing to commit for years to come. Volunteers are expected to:

- Serve **at least 50 hours per year** in a designated service area
- Attend a **minimum of three membership meetings annually**
- Typically volunteer for a **five-hour shift once a week**

How to Become a Volunteer

1. **Complete and return the application** along with:
 - A **\$15 application fee** (checks payable to *Volunteer Services*)
 - **Three reference letters** (non-family members, please)
 - Submit all documents to **Colquitt Regional Volunteer Services**, located on the hospital's first floor
2. The application fee covers onboarding and uniform costs
3. Pay **annual membership dues of \$12** each September
4. Once your application is received, a member of our Volunteer Services team will contact you to schedule an interview and review available service opportunities
5. You'll then meet **Human Resources** for:
 - Background check
 - Drug screening & a tuberculosis (TB) test
6. Finally, complete an **online orientation** and receive your **official volunteer badge**



Volunteer Benefits

We're grateful for our volunteers and show our appreciation through a range of benefits, including:

- **Logo'd uniform smock, vest, or polo shirt**
- **Free meal** on your volunteer days
- **Exclusive discount** at the Gift Shop
- **Annual health screenings:**
 - Women: Free baseline mammogram & DEXA scan
 - Men: Free PSA screening
- **Employee pricing** at the hospital and pharmacy
- Invitations to our annual **Spring Awards Banquet** and **Christmas Party**, with gifts at each event

We look forward to welcoming you to our volunteer family! If you have any questions, please don't hesitate to contact us at **229-891-9181**.

Warm regards,

Nicole L. Stringer

Director of Volunteer Services

nstringer@colquittregional.com

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Application for Volunteer Membership

Name: _____ Date: _____

Spouse's name: _____ Home Telephone: _____

Cell Phone: _____ Email address: _____

Home Address: _____ City/St/Zip: _____

In case of emergency, notify (name & telephone number) _____

Church affiliation: _____ Family physician: _____

Birth date: _____ Date of last medical exam: _____

How did you hear about our volunteer program and why does volunteer work interest you? _____

What do you hope to gain from your volunteer service? _____

Do you have special skills or training in your background? Please list. _____

Do you have any special mental or physical limitations that should be considered in your placement (wheelchair accessibility, assistive listening devices, etc.)? _____

Have you ever been employed by Colquitt Regional? _____

Polo Size: _____ Jacket size: _____

Preferred departments: _____

Preferred workdays: _____ Preferred hours: _____

Along with this application, please provide:

1. Three (3) personal letters of references (non-family members please).
2. \$15 non-refundable application fee
3. Signed Background information forms
4. Signed COVID-19 acknowledgement form

Please return to Colquitt Regional Volunteer Services, P.O. Box 40, Moultrie GA 31776

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Acknowledgement of Potential COVID-19 Exposure

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is a new respiratory virus that has the potential to cause severe illness and pneumonia in some people. It was identified in 2019 and is contagious and is believed to spread mainly from person-to-person contact. Symptoms include fever, cough, sore throat, shortness of breath or other flu-like symptoms.

By signing this agreement, I, _____, acknowledge I have read and agree to the following:

- I understand that being in a healthcare environment may increase my risk of exposure to COVID-19 and other illnesses.
- I understand Colquitt Regional cannot guarantee that I will not be exposed to COVID-19 or other illnesses but has initiated preventative measures to reduce and minimize potential exposures.
- I understand that I must comply with all hospital rules and regulations regarding personal protective equipment set forth by Colquitt Regional in accordance with the CDC and Georgia Department of Public Health.
- I understand that I may reduce my own risk of COVID-19 by wearing a mask, washing my hands regularly, and keeping a social distance from others.
- I understand that under Georgia law, there is no liability for an injury or death of any individual entering the premises of Colquitt Regional. If such injury or death results from the inherent risks of COVID-19, I agree to hold harmless Colquitt Regional Medical Center, and the Hospital Authority of Colquitt County, their agents, officers, and employees and to not hold them responsible or liable for any harm or injury, from any cause, relating to my service in a healthcare environment.

PRINT NAME

SIGNATURE

DATE