

# Upson Regional Medical Center Auxiliary Membership Application

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
(Last) (First) (Middle) (If Applicable)

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

Emergency Contact \_\_\_\_\_ Telephone # \_\_\_\_\_

Past Volunteer Experience (Including organization/agency and position)

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

Employment (most recent and include company, position, supervisor's telephone number)

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

Time Available for Volunteering (circle all the apply)					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Volunteer Services: Morning (9 a.m.-12 p.m.) Afternoon (12 p.m.-3 p.m.) Evening (3 p.m.- 6 p.m.) or (6 p.m.-9p.m.)					
Gift Shop: Morning (9 a.m.-1 p.m.) Afternoon (1 p.m.-5 p.m.) Evening (5 p.m. - 8 p.m.)					
FREQUENCY OF VOLUNTEER AVAILABILITY: Weekly      Semi-weekly      Monthly					
Which area of work (as described in the attached information) would you like to serve?      Gift Shop      Volunteer Services					

References: List three non-family members who can provide references on your ability to perform this volunteer position. Include two URMC Auxilians if possible.

NAME	ADDRESS	TELEPHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dues are \$6.00 (Active Membership) and \$12.00 (Contributing Membership) payable when you are accepted as a member and every January thereafter.

**I have read the attached Auxiliary Guidelines and agree to abide by the Auxiliary Bylaws, Rules & Regulations set by the Upson Regional Medical Center Board of Directors.**

\_\_\_\_\_  
Date Signature

## **GUIDELINES FOR VOLUNTEERS**

1. Please be neat, well-groomed and wear uniform proudly and correctly according to the Dress Code.
2. Be informed about the hospital and the auxiliary and be willing to abide by the regulations of both.
3. Be dependable, be on time and try to avoid leaving your job until the end of your shift. If you cannot work, find replacement or notify the Volunteer Service Chairperson.
4. Be willing to do your job in a capable, cheerful manner.
5. Show respect for all professional personnel.
6. You represent both URMC and URMC Auxiliary while you are on duty. The spirit and tone of both depend on all of its personnel. Let your presence make it a happier place for both the patient and the patient's family.
7. All patient information is confidential and must not be discussed. Violation of confidentiality will result in disciplinary action by the Executive Board.
8. Be constructive in any criticism. If things disturb you at work, talk with your President, Volunteer Service Chairperson, or liaison officer of the hospital.
9. This is a smoke free facility.
10. A free meal is provided for volunteer workers while on duty only. Volunteer must wear uniform or smock to receive free meal.
11. Be especially careful when delivering flowers. Some are still "lost" sometimes. Check patient's name and room number before florists leave the hospital.
12. When patients are being admitted, take their doctor's orders and leave with secretary in order in which they come. Leave Lab papers on desk, not in baskets.
13. Take patient to Lab or Radiology, leave patient and you will be called when the test are completed so that you can take the patient back to the room.

## **WELCOME TO URMIC AUXILIARY MEMBERSHIP**

The Upson Regional Medical Center Auxiliary invites you to apply for membership. We offer worthwhile service projects to make meaningful use of your time and talents. Our active members are involved in hospital volunteer work which brings them in contact with patients in a helping capacity. Also, we may serve as clerks in the Gift Shop, assists in staffing for the Blood Bank which visits Upson County four times a year, and/or operate a photo service for parents of newborns.

All of our activity and profits from projects are directed to service to the hospital and we have a long record of substantial contributions which include many items of medical equipment, nurse scholarships and hundreds of hours of volunteer service. We meet five times yearly for business sessions, to learn from informative health related programs and to be kept abreast of new developments at the hospital.

If you are looking for satisfying, important volunteer activity to make use of your talents, whatever they may be, give us a try. In addition to our active membership, we also offer contributing and life memberships which carry no activity requirements.

Membership Chairperson

### **AUXILIARY SERVICE PROGRAM**

1. The Auxiliary operates four three-hour shifts at the hospital six days a week and one shift on Sunday 1-5 p.m. A Sunday night shift would be established if personnel were available. Members who serve in this program are required to attend annual orientation, have skin test for TB, purchase a prescribed uniform\* to be worn on duty and comply with rules governing this program. The Blood Bank program uses some of the members involved in this program to help with the Blood Bank.
2. The Auxiliary operates a Gift Shop in the Hospital with all proceeds used for further Auxiliary goals of service to the hospital. Members who serve as clerks in the Gift Shop are required to attend annual orientation, have skin test for TB, purchase a prescribed uniform\* to be worn on duty and comply with rules governing this program. Shifts in the Gift Shop are four hours per day. Evening shifts are three hours.

\*The above mentioned prescribed uniform consists of the following:

Women: A pink smock worn over white pants or white skirt with white blouse or white shirt. Low-heel white shoes are to be worn.

Men: A red vest or red blazer. Dark pants, white shirt and dark shoes are required.

*Note: During the training process, women will be provided a pink/white striped smock to be worn over white pants or white skirt with white blouse or white shirt. Low-heel white shoes are to be worn.*