

Immunizations:

Immunization proof is required for your protection and the protection of the patients if you wish to work within the cancer center. OSHA and HIPPA training IS required if you work with patients at the center. If you plan on working special events only, you are excluded from this required.(Will be discussed in detail in training)

TB – date administered: _____
MMR up to date or Titer showing immunity: _____

Emergency Contact:

In the event of an emergency whom should we contact?

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Relationship: _____

Reference:

Please list two personal reference whom we may contact.

- 1) First Name: _____
Last Name: _____
Phone Number: _____ Relationship: _____

- 2) First Name: _____
Last Name: _____
Phone Number: _____ Relationship: _____

I agree:

I understand and agree that submitting this application form does not automatically register me as a CCHC Foundation Journey of Hope volunteer, and that there may be certain qualifications I must meet before I may begin volunteering, which include an OSHA and HIPPA training seminar offered by Coastal Carolina Health Care at no cost to me and verification of required immunizations. By signing this form, I attest that the information I have provided on the form is true and accurate.

Signed

Date