



VOLUNTEER SERVICES INFORMATION PACKET

Thank you for your interest in participating with the Volunteer Services Department at Grand Strand Medical Center. Our volunteers are members of the Grand Strand Auxiliary, Inc., one of the oldest and largest service organizations along the Grand Strand.

The Auxiliary was formed in the late 1940's to assist with the building of the first local medical facility in Myrtle Beach – the former Ocean View Memorial Hospital, which was the forerunner to today's modern Grand Strand Medical Center.

The Auxiliary was incorporated in 1978 to serve the new hospital built by HCA, the facility we occupy today. The Auxiliary is governed by a Board of Directors, and they also serve as chairmen of the various service areas.

The Auxiliary sponsors an outstanding scholarship program for students in medically related careers. Funding for the program is provided from proceeds from the hospital gift shop, dues paid by members, and other fund raising events throughout the year.

If you are interested in participating in our program, please complete and return the enclosed application to the address below. Someone will then contact you to talk more about your interest in serving. If you are selected to serve in our program, then we will contact you to set up a time for orientation and training.

Attached to this letter are forms that you will need to complete as well an authorization for a background check. Please note that this background check will take at least 14 days to complete. If you need assistance with the forms or the background authorization, please do not hesitate to contact a member of the volunteer team.

Thank you for your interest and for your desire to help others.

Sincerely,

Donna Neeves, Director of Physician Development
Julie Kopnicky, Director of Marketing

Grand Strand Medical Center Auxiliary, Inc.
c/o Grand Strand Medical Center
809 82nd Parkway
Myrtle Beach, SC 29572

Grand Strand Medical Center

809 82nd Parkway, Myrtle Beach, SC 29572 | (843) 692-1000 | GrandStrandMed.com

GRAND STRAND MEDICAL CENTER AUXILIARY, INC.
APPLICATION FOR VOLUNTEER SERVICES
809 82ND PARKWAY
MYRTLE BEACH, SOUTH CAROLINA 29572
PHONE: 843-692-1634 OR 843-692-1000

INSTRUCTIONS: *Please complete pages 1 and 2 of this application and either drop off or mail to the volunteer office upon completion. Please follow the instructions as indicated on the on-line background authorization form included in this packet. Applications will not be reviewed until all forms are completed.*

DATE OF APPLICATION: _____

NAME: _____ **PHONE:** _____

ADDRESS (LOCAL): _____

CITY/STATE: _____ **ZIP:** _____

HOBBIES/INTERESTS: _____

PREVIOUS VOLUNTEER EXPERIENCE? **YES** **NO**

IF YES, WHAT? _____

HOW DID YOU LEARN ABOUT OUR VOLUNTEER PROGRAM? _____

ARE YOU A PART TIME RESIDENT? **YES** **NO**

IF YES, NUMBER OF MONTHS AVAILABLE TO VOLUNTEER _____

EMAIL ADDRESS: _____

PLEASE LIST TWO REFERENCES (NOT RELATED TO YOU):

1. **NAME:** _____ **PHONE:** _____

RELATION: _____ **EMAIL:** _____

2. **NAME:** _____ **PHONE:** _____

RELATION: _____ **EMAIL:** _____

ARE YOU CURRENTLY ABLE TO PERFORM THE DUTIES REQUIRED OF A VOLUNTEER (for example, pushing a wheel chair, walking, etc.)? _____

ARE YOU UNDER THE AGE OF 18? YES NO

BIRTHDATE (MONTH AND DAY ONLY): _____

Grand Strand Medical Center Auxiliary, Inc. is a non-profit charitable organization providing volunteer assistance within Grand Strand Medical Center and its affiliated medical facilities.

PLEASE NOTE: ATTENDANCE AT ORIENTATION DOES NOT CONSTITUTE AN AUTOMATIC GUARANTEE TO SERVE AS A VOLUNTEER. PLACEMENT IS BASED ON THE NEEDS OF THE MEDICAL CENTER AND THE AUXILIARY.

I ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS ACCURATE, TO THE BEST OF MY KNOWLEDGE.

NAME: _____ DATE: _____
(Signature of Applicant)

- *Upon receipt of completed application and successful background check, your application will be processed as soon as possible. You will be contacted for an interview and if approved, you will be notified as to the next scheduled date for orientation, which is a requirement for volunteer service.*

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING

For office use only

ORIENTATION COMPLETED: _____ TB/RUBELLA: _____

BACKGROUND CHECK: _____

COMMENTS:

Applicant Instructions
For
Submitting an Online Release
To
PreCheck

Please note that in order to complete the Online Release you will need to be using Internet Explorer 5 or higher. If you do not have this browser installed on your computer you may go to www.microsoft.com/windows/products/winfamily/ie/default.msp for more information.

1. Go to <https://weborder.precheck.net/Release/release1.aspx> and enter the 5-digit code **11476**.
2. Fill out the entire form, entering as much information as possible.
3. Provide your signature on page 6 of the release form, by using your computer mouse to sign your name.
4. If you make a mistake while signing your name and would like to sign again before submitting, click on the icon to erase and start over.
5. Once you are satisfied with your signature, mark the box below that confirms that you have read and understood the Terms of Service.
6. Finally, click to finish and submit the release.

For questions or problems regarding the online release form, please email info@PreCheck.com.