

Dear Prospective Junior Volunteer,

Thank you for your interest in the Duke Hospital Junior Volunteer Program! Plans are underway for a fantastic year! We are all looking forward to meeting this year's Junior Volunteers.

The deadline for returning the junior volunteer enrollment forms and other related paperwork is Monday, March 31, 2008. It is very important that you return this information on or before this date to ensure that you are given every consideration for placement in the program this summer.

The following enclosed forms should be filled out in their entirety:

- Volunteer Enrollment Form
- Duke Hospital- Junior Volunteer Consent Form
- Junior Volunteer Reference Form 3 references required
- Junior Volunteer Essay
- Volunteer Health Review Sheet

NOTE: TB tests are required for all Junior Volunteers. A copy of your immunization record from your personal physician is also required.

All documents should be mailed by the deadline date to:

**Tori Young
Volunteer Services
Junior Volunteer Program
Box 2967 DUMC
Durham, NC 27710**

After you have returned your application forms, please call me for an interview appointment. During your interview, we can talk about the different types of volunteer jobs that you might be interested in doing this summer. If accepted into the program, you will be required to attend an orientation session that has been set for **Saturday May 17th, from 9:00-12:30** so please go ahead and mark your calendar. This is a **mandatory** training session for both you and a parent/guardian to attend.

Again, thanks for your interest in our program. We look forward to meeting and working with you. Summer fun is just around the corner at Duke Hospital. If you have any questions, please feel free to give me a call at 681-6088 or e-mail me at tori.young@duke.edu.

Sincerely,

Tori Young
Program Coordinator

JUNIOR VOLUNTEER ENROLLMENT FORM

Duke University Medical Center
Volunteer Services
Box 2967 Durham, NC 27710
Phone: (919) 681-6088

Date: _____

T-Shirt Size: _____

(Please Print)

Name _____ Male Female
(Last) (First) (MI)

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Email _____

Social Security Number _____ Date of Birth _____ Age _____

Parent/Legal Guardian _____ Phone _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Skills and Interests

School Name _____ Freshman Sophomore Junior Senior

List Previous Volunteer Experience:

Organization	Activity/Job Title	Date/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any skills, hobbies, interests or extra curricular activities that might be helpful with your volunteer work:

Can you speak fluently, read or write a language other than English? Yes _____ No _____

If yes, please list the language(s) below:

_____ Speak _____ Read _____ Write _____

How did you learn about the Junior Volunteer Program?

Have you volunteered at a DUMC facility? Yes No If yes, where? _____

Why do you want to be a junior volunteer?

Are you required to volunteer? Yes No If yes, by whom? _____

Are there any areas you would not feel comfortable working? _____

Availability

What date can you start volunteering? _____

Any plan(s) that might affect your volunteering (i.e. camps, practices, vacations):

Time and day you are available to volunteer: (please check all that apply)

A.M. (9:00AM-12:00PM) P.M. (12:00PM-4:00PM)

Mon: a.m. _____ p.m. _____ entire day _____

Tue: a.m. _____ p.m. _____ entire day _____

Wed: a.m. _____ p.m. _____ entire day _____

Thu: a.m. _____ p.m. _____ entire day _____

Fri: a.m. _____ p.m. _____ entire day _____

Background Verification

Two reference forms to be completed by a faculty member and one to be completely by a community leader:

1. _____
2. _____
3. _____

It is the policy of Duke University Medical Center Volunteer Services to perform reference checks on all potential volunteers. I have completed the above information to the best of my ability and understand that any falsification of the information provided above may prohibit my activities as a volunteer.

Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

JUNIOR VOLUNTEER FACULTY REFERENCE FORM

(Must be completed by a Teacher or School Staff Member)

**Duke University Medical Center
Volunteer Services
Box 2967 Durham, NC 27710
Phone (919) 681-6088**

_____ has applied to be a Junior Volunteer at Duke
(Applicant's name)

University Medical Center. Your name has been given as a character reference. Please complete the following information and return this form to the address above as soon as possible.

How do you know this person? _____

How long have you known this person? _____

Which skills and/or attributes does this person have that may contribute to his/her service as a volunteer?

Please describe how this person interacts with others. _____

Would you describe this person as:

Having a Positive Attitude	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Honest/Trustworthy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrating Initiative	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Being a Junior Volunteer requires, among others, the following personal qualities:

- maturity
- ability to follow instructions
- ability to treat individuals with respect and common courtesy

Do you know of any reason why this individual should not be accepted as a Junior Volunteer?

Printed Name

Address

Signature

Phone Number

Thank you for your time! – Duke Hospital Volunteer Services

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**Duke University Medical Center
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How do you know this person? _____

How long have you know this person? _____

Which skills and/or attributes does this person have that may contribute to his/her service as a volunteer?

Please describe how this person interacts with others. _____

Would you describe this person as:

Having a Positive Attitude	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Honest/Trustworthy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrating Initiative	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Being a Junior Volunteer requires, among others, the following personal qualities:

- maturity
- ability to follow instructions
- ability to treat individuals with respect and common courtesy

Do you know of any reason why this individual should not be accepted as a Junior Volunteer?

Printed Name

Address

Signature

Phone Number

Thank you for your time! – Duke Hospital Volunteer Services

JUNIOR VOLUNTEER COMMUNITY LEADER REFERENCE FORM

(Must be completed by a Minister, Coach, or other Community Leader)

Duke University Medical Center
Volunteer Services
Box 2967 Durham, NC 27710
Phone (919) 681-6088

_____ has applied to be a Junior Volunteer at Duke
(Applicant's name)

University Medical Center. Your name has been given as a character reference. Please complete the following information and return this form to the address above as soon as possible.

How do you know this person? _____

How long have you know this person? _____

Which skills and/or attributes does this person have that may contribute to his/her service as a volunteer?

Please describe how this person interacts with others. _____

Would you describe this person as:

Having a Positive Attitude	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Honest/Trustworthy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrating Initiative	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Do you know of any reason why this individual should not be accepted as a Junior Volunteer?

Printed Name

Address

Signature

Phone Number

Thank you for your time! – Duke Hospital Volunteer Services

JUNIOR VOLUNTEER ESSAY

Please attach an essay containing between 200-400 words. The content should explain why you want to become a volunteer and if accepted, how you believe this opportunity will affect you and your relationship with the community.

JUNIOR VOLUNTEER AGREEMENT

I am engaged in or about to be engaged in a volunteer program at Duke University Medical Center. I am aware that Duke University Medical Center does not provide insurance coverage for volunteers if personally injured or if damage occurs to personal property while acting as a volunteer. I further understand that I am not entitled to Workers Compensation benefits, health insurance benefits, or any other benefit available to employees of Duke University. I agree that I will not hold Duke University Medical Center or its officers or agents thereof liable for any injury sustained to person or property while I am acting in a volunteer capacity.

In connection with my activities as a volunteer I agree to hold all information I may have access to about patients or former patients confidential. Disclosure of such information to unauthorized persons is prohibited and will make me subject to civil action for the collection of monetary damages and/or suspension or dismissal.

I UNDERSTAND THAT IF I AM ACCEPTED AS A VOLUNTEER:

- ❖ I will abide by Duke University Medical Center's general policy concerning patient confidentiality.
- ❖ I voluntarily offer my services with a clear understanding that there is no monetary compensation due to me as a result of my services, and DUMC is not legally liable for any worker's compensation coverage or other similar benefits as a result of my services hereunder.
- ❖ I will observe all hospital regulations
- ❖ I will endeavor to be prompt and regular in my services and I will perform my assigned volunteer duties to the best of my ability.
- ❖ Photos taken while participating as a DUMC volunteer or at special functions may be used for promotional reasons (newsletters, brochures, pamphlets, etc.)
- ❖ I am willing to commit to volunteering for a minimum of one 4-hour shift per week.
- ❖ I will adhere to the DUMC volunteer dress code

Student Signature: _____ Date: _____

JUNIOR VOLUNTEER PARENT/GUARDIAN CONSENT

I hereby give my consent for my son/daughter _____ to participate in the Junior Volunteer Program of Duke University Medical Center.

I understand my son/daughter must have a current TB skin test (available from DUMC's Employee Occupational Health and Wellness department – contact 919.684.3136) before volunteering can begin. A copy of your school immunization record is also required.

I will assume responsibility for his/her transportation to and from the DUMC facilities.

I also give permission for emergency medical treatment if necessary.

Parent/Legal Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

NOTE: Three references, essay, the TB skin test results, and a copy of your school immunization record MUST be on file before Enrollment Forms are considered complete.

Please Return Completed Enrollment Form along with:	TO: Duke University Medical Center
❖ Results of TB skin test	Volunteer Services
❖ Copy of school immunization record	Attn: Tori Young
❖ Essay and References	Box 2967
	Durham, NC 27710