

Dear Prospective or Returning Junior Volunteer,

Thank you for your interest in the Duke Hospital Junior Volunteer Program. I am very excited about the great opportunities available for our Junior Volunteers this coming 2010 summer! Included with this letter are the application components that are required to be completed by all prospective and returning Junior Volunteers. The following enclosed forms should be filled out in their entirety:

- 2010 Junior Volunteer Application
- Junior Volunteer Reference Forms (2 references required, 1 faculty and 1 community leader)
Note: *Returning students only* - will need to have one of their references filled out by a Duke Hospital employee, preferably their supervisor from the previous year. Please use this person as your community leader reference.
- Junior Volunteer Essay (please choose one of the two choices in your category)
- Volunteer Health Review Sheet
Note: A copy of your immunization record(s) and a copy of your updated TB screening results will also be required. If you have not had a TB screening within the past 3 months an updated TB screening is required. Please read over the Health Review Sheet to learn more.
- Junior Volunteer Consent Form
- Junior Volunteer Student Counselor Form (a minimum 2.75 GPA required)
- Junior Volunteer Program Policy Agreement Form

This year, each student will need to complete these forms completely as well as participate in a group interview in order to be considered as a prospect for the program. Once the necessary forms have been completed and have been turned in to the Volunteer Services office, each participant will need to schedule an appointment for a group interview. A list of the interview schedule has been included in your packet. Please contact our office at 919-681-6088 to sign up for the most convenient interview time for you. Each student must sign up for an interview or their application will be considered incomplete and will not be accepted. It is also a requirement for participation for a parent/guardian to accompany their child to the interview.

The deadline for returning the required forms and other related paperwork is Wednesday, March 31st, 2010 no later than 12 noon. Forms turned in past this date and time will **not** be considered. The forms must be returned in person to the Volunteer Services Office located in Duke South Hospital, yellow zone, 4th floor, room 4118 or mailed to the following address:

Duke Hospital Volunteer Services
Attn: Tori Young
DUMC 2967
Durham, NC 27710

Receiving this packet does not guarantee participation in the program, however if accepted into the program, each student will be required to attend the **mandatory** training session scheduled for **Saturday, May 22nd, 2010 from 9:00am to 12:30pm.** A parent/guardian must also be present for this training. Please mark this date on your calendar in order to be prepared for this training if accepted into the program.

Again, thank you for your interest in our program. We look forward to meeting you and to the possibility of working with you this year. If you have any questions or concerns please contact LaKanya Roberts at 919-681-5031 or lakanya.roberts@duke.edu.

Sincerely,



Manager of Volunteer Services

JUNIOR VOLUNTEER APPLICATION

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

(Please Type or Print in All Capital Letters for Legibility)

Date: _____ T-Shirt Size: _____

Name _____ Male Female
(Last) (First) (Full Middle)

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Email _____

Last Four Digits of SS# _____ Date of Birth _____ Age _____
(Must Have)

Parent/Legal Guardian _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact:

Name: _____ Relationship: _____

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Skills and Interests:

School Name _____ Freshman Sophomore Junior Senior
(Upcoming Year '10/'11)

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 Duke Medicine facility before? Yes No If yes, where? _____

Why do you want to be a Junior Volunteer?

Do you have a parent/parents currently employed at Duke Hospital? Yes No

If yes, which department do they work for? _____

(Note: For our records only...this does not guarantee acceptance)

Are you required by your school to volunteer? Yes No

If so, how many hours are you required to complete? _____ And by what date? _____

Availability:

The 2010 Junior Volunteer Summer Program is split into two sessions as listed below. Each student is required to commit to at least one of the two summer sessions for eligibility. Please note if interested in participating during both summer sessions. (Note: Please refer to the "Time Commitment" section in the Junior Volunteer Program Policy with any time requirement questions; as they have changed from years past)

(Please Check)

Session One:

Monday, June 14th, 2010 – Friday, July 2nd, 2010

Time and day you are available to volunteer:

A.M. (8:00AM-12:00PM) P.M. (12:00PM-4:00PM)

(please check all that apply)

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 _____

Session Two:

Monday, July 12th, 2010 – Friday, July 30th, 2010

Time and day you are available to volunteer:

A.M. (8:00AM-12:00PM) P.M. (12:00PM-4:00PM)

(please check all that apply)

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 _____

Please list any plans that might affect your volunteering during your preferred Session(s):

(i.e. camps, practices, vacations)

Background Verification:

Please list the names, phone numbers, and e-mails of the (1) reference selected to be completed by a faculty member **AND** the (1) to be completed by a community leader.

1. _____

2. _____

It is the policy of Duke Hospital 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 participation as a volunteer.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

JUNIOR VOLUNTEER FACULTY REFERENCE FORM

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

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

_____ has applied to be a Junior Volunteer at Duke Hospital. Your name
(Applicant's name)
has been given as a character reference. Please complete the following information and return this form to the
address above no later than 12 noon on Wednesday, March 31, 2010.

(Note: Feel free to use the back of this form if more room is needed.)

How do you know this person? _____

How long have you known this person? _____

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

Please give an example of when this person has interacted with others well.

Please rate the applicant on a scale of 1-4 (4 – Excellent, 3 – Good, 2 – Neutral, 1 – poor) on the following
attributes:

Has a Positive Attitude	1	2	3	4
Honest/Trustworthy	1	2	3	4
Dependable	1	2	3	4
Demonstrates Initiative	1	2	3	4

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

E-Mail Address

Signature

Phone Number

Thank you for your time!

JUNIOR VOLUNTEER COMMUNITY LEADER REFERENCE FORM

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

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

_____ has applied to be a Junior Volunteer at Duke Hospital. Your name
(Applicant's name)
has been given as a character reference. Please complete the following information and return this form to the
address above no later than 12 noon on Wednesday, March 31, 2010.

(Note: Feel free to use the back of this form if more room is needed.)

How do you know this person? _____

How long have you know this person? _____

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

Please give an example of when this person has interacted with others well.

Please rate the applicant on a scale of 1-4 (4 – Excellent, 3 – Good, 2 – Neutral, 1 – poor) on the following
attributes:

Has a Positive Attitude	1	2	3	4
Honest/Trustworthy	1	2	3	4
Dependable	1	2	3	4
Demonstrates Initiative	1	2	3	4

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

E-Mail Address

Signature

Phone Number

Thank you for your time!

JUNIOR VOLUNTEER ESSAY

Please attach an essay containing between 400-500 words, typed (Times New Roman or Arial, size 12 font) and double spaced. The content should be written in accordance with **(1)** of the following Prompts:

Prompts for first-time Applicants – (Students who have yet to apply and/or been accepted into the Junior Volunteer Program)

Essay Option 1: Explain why you would like to volunteer with the Junior Volunteer program; what you believe you will contribute to the program and how this experience will positively affect your connection with the community.

Essay Option 2: Give an example of a time when you have displayed leadership and initiative while meeting the need(s) of another.

Prompts for returning Applicants – (Students who have previously been accepted into the Junior Volunteer Program and are applying for re-admission)

Essay Option 1: Explain how your previous experience as a Junior Volunteer has impacted your view of a Health System as well as how this experience may or may not impact your decision to pursue a career in the medical field.

Essay Option 2: Give an example of a time when you have impacted a patient's experience for the better and explain how this opportunity made a difference in your life.

Junior Volunteer – Health Review Sheet

Name _____
(Last) (First) (Full Middle)

Female _____ Male _____ Last four Digits of SS# _____ Date of Birth _____ Age _____

Address _____
(City) (State) (Zip Code)

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Volunteer Program Junior Volunteer Program

***NOTE* This health review information is important in protecting the health and safety of Duke University Medical Center volunteers, patients, students and visitors. You will need to get your immunization records and TB screening done through your primary care physician or an Urgent care facility.**

***NOTE* It is important for all volunteers to be immune to chicken pox, polio, measles, mumps and rubella. Official documentation of immunity to rubella is required of all volunteers. If you were born after 1/1/57, we must also have official documentation of immunity to measles and mumps.**

Communicable Disease / Immunization History

Have you ever tested positive for TB? _____

Have you ever had the following diseases?

- 1. Chicken pox (varicella) ___ Yes ___ No
- 2. Measles (old fashioned, red) ___ Yes ___ No
- 3. Mumps ___ Yes ___ No
- 4. Rubella (German) ___ Yes ___ No
- 5. Tuberculosis (TB) ___ Yes ___ No

Have you ever had the following vaccines / tests? If yes, give date / results.

- 1. Polio vaccine ___ Yes ___ No Date/Results _____
- 2. BCG vaccine (tuberculosis vaccine) ___ Yes ___ No Date/Results _____
- 3. TB skin test ___ Yes ___ No Date/Results _____
- 4. Chest x-ray ___ Yes ___ No Date/Results _____
- 5. Rubella vaccine ___ Yes ___ No Date/Results _____
- 6. Measles vaccine ___ Yes ___ No Date/Results _____
- 7. Mumps vaccine ___ Yes ___ No Date/Results _____

Do you now have or have you ever had a physical condition or health related illness that would prohibit you from working with patients in a health care setting? ___ Yes ___ No

If yes, please explain. _____

Most Recent TB test date _____

*Suggested Sources for Obtaining Official Documentation of immunity to rubella, measles, and mumps:

- 1. Obstetrician or primary care records
- 2. School records
- 3. Previous employee health records
- 4. Health department records

JUNIOR VOLUNTEER CONSENT FORM

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 JUNIOR 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 12 hours per week during at least one of the 3 week sessions available.
- ❖ I will adhere to the DUMC Junior 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 have read and understand the student portion of this consent form and am aware of what my son/daughter has agreed to.

I understand my son/daughter must have a current TB skin test before volunteering can begin. A copy of my son/daughter's 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: _____

NOTE: Two references, essay, consent form, policy agreement form, student counselor form, 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:

- ❖ Results of an Updated TB skin test & Copy of school immunization record
 - ❖ Student Counselor Form
 - ❖ Essay
 - ❖ (2) Reference Forms
 - ❖ Consent Form
 - ❖ Policy Agreement Form
- TO:** Duke Hospital Volunteer Services
Attn: Tori Young
Box: 2967
Durham, NC 27710



JUNIOR VOLUNTEER STUDENT COUNSELOR FORM

The student named below is applying for membership in the Junior Volunteer Program at Duke Hospital. The following information is requested to assist in evaluating the applicant's eligibility.

Please complete the form and submit it no later than 12 noon, Wednesday, March 31, 2010 to:
Duke Hospital Volunteer Services
Attn: Tori Young
DUMC Box 2967
Durham, NC 27710

If you have any questions, please call Tori Young, Manager of Volunteer Services, at 919-681-6088 or e-mail at tori.young@duke.edu.

THIS REPORT IS STRICTLY CONFIDENTIAL

Dear Counselor:

As Parent/Guardian I hereby give my permission for the release of this requested information.

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____ School: _____

The following information is required:

Number of: Tardies _____ Absences _____ Suspensions _____

Grade Point Average: _____

Please comment on whether or not you think this student will make a good hospital volunteer.

COUNSELOR'S SIGNATURE _____ DATE _____

Thank you for your time!

JUNIOR VOLUNTEER POLICY AGREEMENT FORM

Student Agreement

I _____ have read the entire Junior Volunteer Program Policy. I understand the policy components and have asked either my parents/guardians or the Volunteer Services Office to clarify any aspect of the policy that I did not understand. I agree to abide by the policy set forth. I also understand that any act committed that does not coincide with the policy standards gives the Volunteer Services Office grounds for dismissing me as a Junior Volunteer at any point in the program.

Student Signature: _____ Date: _____

Parent/Guardian Agreement

I _____ have read the entire Junior Volunteer Program Policy. I understand the policy components and have asked the Volunteer Services Office to clarify any aspect of the policy that I did not understand. I agree to abide by the policy set forth as it pertains to my child's participation in the Duke Hospital Junior Volunteer Program. I have reviewed this policy with my child. I also understand that any act my child or myself commits that does not coincide with the policy standards gives the Volunteer Services Office the right to dismiss my child from the Junior Volunteer Program.

Parent/Legal Guardian Signature: _____ Date: _____

2010 Junior Volunteer Applicant

Interview Schedule

PLEASE NOTE: Please Contact the Volunteer Service office at 919-681-6088 to schedule your interview time. Do not turn this form in with the other application pages. If you schedule your interview during March, please be sure to have your completed application turned in before your interview. A parent/guardian is required to accompany each applicant to the scheduled interview.

DATES:

STUDENTS:

March

Monday the 29th

Session 1 – 3pm to 4pm

Session 2 – 4pm to 5pm

Session 3 – 5pm to 6pm

April

Monday the 5th

Session 1 – 9am to 10am

Session 2 – 10am to 11am

Session 3 – 11am to 12 pm

Session 4 – 1pm to 2pm

Session 5 – 2pm to 3pm

Session 6 – 3pm to 4pm

Tuesday the 6th

Session 1 – 9am to 10am

Session 2 – 10am to 11am

Session 3 – 11am to 12 pm

Session 4 – 1pm to 2pm

Session 5 – 2pm to 3pm

Session 6 – 3pm to 4pm

April (Continued)

Wednesday the 7th

Session 1 – 10am to 11am	_____	_____	_____	_____	_____
Session 2 – 11am to 12 pm	_____	_____	_____	_____	_____
Session 3 – 1pm to 2pm	_____	_____	_____	_____	_____
Session 4 – 2pm to 3pm	_____	_____	_____	_____	_____
Session 5 – 3pm to 4pm	_____	_____	_____	_____	_____
Session 6 – 4pm to 5pm	_____	_____	_____	_____	_____

Thursday the 8th

Session 1 – 10am to 11am	_____	_____	_____	_____	_____
Session 2 – 11am to 12 pm	_____	_____	_____	_____	_____
Session 3 – 1pm to 2pm	_____	_____	_____	_____	_____
Session 4 – 2pm to 3pm	_____	_____	_____	_____	_____
Session 5 – 3pm to 4pm	_____	_____	_____	_____	_____
Session 6 – 4pm to 5pm	_____	_____	_____	_____	_____

Friday the 9th

Session 1 – 11am to 12 pm	_____	_____	_____	_____	_____
Session 2 – 1pm to 2pm	_____	_____	_____	_____	_____
Session 3 – 2pm to 3pm	_____	_____	_____	_____	_____
Session 4 – 3pm to 4pm	_____	_____	_____	_____	_____
Session 5 – 4pm to 5pm	_____	_____	_____	_____	_____
Session 6 – 5pm to 6pm	_____	_____	_____	_____	_____