DukeHealth
Lake Norman Hospital

Application for Volunteer Position

Duke Health Lake Norman Hospital
P.O. Box 3250
Mooresville, NC 28117

MUST BE 18 YEARS OF AGE OR OLDER (No High School Students Accepted)

COLLEGE STUDENTS – MUST COMMITT TO AT LEAST TWO SEMESTERS (4 HOURS EACH WEEK)

NO SUMMER VOLUNTEERS ACCEPTED

Please return this application to Lorie Medlar, lorie.medlar@duke.edu

Duke Health Lake Norman Hospital considers qualified applicants without regard to race, color, religion, sex, national origin, age, marital status, disability or any other legally protected status.

Date: _____/_____/_____

(Please Print)
Name: _____

Address: _____

Phone: (_____) _____-_____ Birth Date: (Month/Day): ____/_____

E-mail Address: _____

Emergency Contact: _____
Name

Home Phone: (_____) _____-_____ Cell Phone: (_____)_____-_____

1. Have you ever worked as a hospital volunteer? Yes____ No____
   If so, which hospital and what were your responsibilities. _____
   _____
   _____
2. Have you ever been employed by a hospital? Yes_____ No_____
   If so, which hospital and what was your job description?_____
   _____
3. Are you currently employed? Yes_____ No_____ If so, please state the name of your employer and your responsibilities: _____
   _____
   _____

4. Do you have any type of volunteer experience other than in a hospital setting?
   Yes_____ No_____ If so, please explain: _____
   _____
   _____

5. Do you have any special talents or abilities that we should know about? If so, please list:
   _____
   _____

6. Do you have any specific area in which you would like to work?
   _____Admitting _____Gift Shop _____Lobby/Desk
   _____Maximum Patient Contact _____Minimum Patient Contact
   _____Any _____Other_____

7. How many hours per week do you plan to volunteer? _____
   Days preferred: _____Monday – Friday Hours preferred: _____Mornings
   _____Weekends _____ Afternoons
   _____Holidays _____ Evenings

8. How did you hear about our Volunteer Program? _____

References:
Please list two references that we may contact and include an email address.

1. Name:_____
   E-mail Address: _____
2. Name: _____
   E-mail Address: _____

As a Volunteer:

I will endeavor to give at least 4 hours per week to Duke Health Lake Norman Hospital.

I understand if I miss two consecutive assignments without notifying the Day Captain, Auxiliary President or Director of Volunteer Services I will be considered inactive.

I will abide by the rules and ethics described in orientation, keep all patient information strictly confidential, and to comply with all rules and regulations of Duke Health Lake Norman Hospital.

_____ _____/_____/_____
Volunteer Applicant Signature Date