



DUKE UNIVERSITY HOSPITAL VOLUNTEER SERVICES APPLICATION

Instructions for *Volunteer Applicant*:

- An interview is required before being accepted into a volunteer program.
- This is an editable PDF document.
- Bring completed application to your interview.
- The Applicant Packet includes the following forms:
 - Volunteer Services Application
 - Request for References (2 are needed)
 - Background Screening Authorization Form
 - Health Screen Form
 - 2018/2019 Flu Vaccine Reporting Form
- More information about this program can be found on our website:
<https://www.dukehealth.org/volunteer-services>

First Name:

Middle Initial:

Last Name:

Maiden Name or Alias:

Home Phone

Cell Phone

Current Address:

(street/city/state/zip)

Home Address (students):

(street/city/state/zip)

Email:

Polo Shirt Size:

XSmall

Small

Medium

Large

XLarge

2XLarge

Shirts are unisex and run large

Are you at least 18 years of age? Yes

No

Date of birth

(If NO, you must apply through the Junior Volunteer process. Please see our website for specific information regarding this program.)

How did you learn about our Volunteer Program? **(Please provide the name of the resource you used to learn about our programs)**

Friend

Internet

Organization

Duke Hospital website

Duke Employee

Other (please specify)

Volunteer Program to which you are applying (optional):

(*please apply to only ONE volunteer program*)

Please list your Duke Unique ID if you currently have one:

EMERGENCY CONTACT:

Emergency Contact Person:

Relationship:

Phone #:

Home

Work

Cell

EMPLOYMENT:

If currently employed, please list your current employer's name and address below.

Employer's Name:

Address:

How long have you been with this employer?

May we contact you at work? Yes ☐ No ☐ N/A ☐ If yes, please provide your work phone**EDUCATION:**

Are you presently enrolled at a school or university? Yes

No

Graduation Year

School Name:

What is your current area of study?

EXPERIENCE/SKILLS:

Have you previously volunteered at Duke Hospital? Yes

No

Have you had other previous volunteer experience? Yes

No

Are you involved in other community service organizations? (Churches, Clubs, Service Organizations) Yes

No

If so, please provide the following information for each volunteer experience/organization:

Volunteer Experience/Service Organization

Program Supervisor

Phone Number

Dates of Service

Please list any educational, personal, or professional experience that you would like us to consider in your volunteer application:

Can you speak fluently, read or write a language other than English?

Yes

No

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

Language(s)

Speaks Fluently

Read/Write

Yes No

Yes No

Yes No

Yes No

AVAILABILITY: *All college student volunteers are required to volunteer 2 to 4 hours per week, depending on program needs.

Days and Hours available to volunteer:

☐ Monday☐ Friday☐ 8:30 AM-12:30 PM☐ Tuesday☐ Saturday☐ 12 NOON-4:00PM☐ Wednesday☐ Sunday☐ Other☐ Thursday

INTERESTS:

Please describe activities that you participate in:

Please describe the factors that influenced your decision to volunteer at Duke University Hospital:

REFERENCES:

Two (2) references are required. Use the Reference Form provided on our website to obtain your references.

Forms must be returned in a sealed envelope with his or her signature across the back of the envelope.

List references below. **Family members cannot serve as references.**

Reference Name

Phone Number

Email

BACKGROUND:

ALL volunteer positions at Duke University Hospital require a Court Record Release/Background Check.

Volunteer Services Agreement

In connection with my activities as a volunteer I agree to hold confidential all information to which I may have access. This includes, but is not limited to, information on current, former, or prospective patients, employees, students, and scholars. *Disclosure of such information to unauthorized persons is prohibited and may result in my dismissal from the volunteer program and may have additional legal consequences.*

I am aware that DUKE HEALTH 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 worker's compensation benefits, health insurance benefits, or any other benefit available to employees of Duke University. I agree that I will not hold DUKE HEALTH or its officers or agents thereof liable for any injury sustained to person or property while acting in a volunteer capacity.

The information provided in this application for volunteering is true, correct and complete. If accepted as a volunteer, any misstatement or omission of fact on this application may result in my ineligibility for volunteering, or if accepted as a volunteer may result in my dismissal. I hereby authorize Duke University Hospital to determine my suitability and justification for my role as a volunteer, to contact any or all of my references.

I authorize schools, employers and references named in this application to provide Duke University Hospital with any relevant information that may be required to arrive at a decision regarding being accepted as a volunteer. In connections therewith and in consideration of the undertaking of Duke University Hospital to review this application for volunteering and to consider me for a volunteer position, I hereby release and acquit Duke University Hospital from any liability whatsoever for any damage which I may suffer or sustain by reason of its use of any such information.

I understand that should I be offered a volunteer position, I am required to have a volunteer health screening prior to beginning work. The volunteer health screening is provided by the hospital. I realize that Duke University Hospital conducts background checks when considering applicants for positions and that I will be requested to complete a background check form which requires date of birth and social security number to facilitate the background check. I understand that volunteer positions at Duke University include a commitment of 2 to 4 hours each week for one continuous year OR 2 academic semesters.

I have completed the above information to the best of my ability and understand that any falsification of the information provided above may disqualify me to become a volunteer.

Signature of Volunteer

Date