

DUKE REGIONAL HOSPITAL JUNIOR VOLUNTEER APPLICATION

(Please Type or Print for Legibility)

Applicant Name _____
Print Clearly _____ Date _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone _____

Email _____ Shirt Size XS S M L XL XXL

Gender _____ Date of Birth _____ Grade _____ School _____

Parent/Legal Guardian _____ Relationship _____

Telephone _____ Weekday contact information _____

Previous Experiences:

As a Volunteer _____

Work Experience _____

Hobbies, Special Interests _____

Availability

Students volunteer two days a week (9am-4pm). Circle **all days** you are available below.

Monday Tuesday Wednesday Thursday Friday

List your **preferred** days if applicable. If accepted to the program, every effort will be made to accommodate your request; however, this is not always possible. _____

DO NOT WRITE IN THIS BOX

Date received in office _____

Why do you want to be a Junior Volunteer? (Use an additional sheet if you need more space).

In joining the Duke Regional Hospital volunteer program, I agree to take my work seriously and take advantage of the opportunities the program offers in the hope that my service will be helpful not only to the hospital, but to the patients and community as well. I acknowledge that I will commit to serve at least five weeks of the eight-week program. If I am accepted, I will notify the Volunteer Services manager if my summer schedule changes. I realize I may lose my spot if my new schedule does not fit with the program.

I understand that I should arrive on time and stay on the hospital campus at all times (including lunch). I will ensure that my volunteer supervisor knows where I am at all times. I take responsibility for my actions while serving as a volunteer and will uphold these and all other hospital and departmental policies, as presented in volunteer orientation.

I am aware that Duke Regional Hospital does not provide insurance coverage for volunteers if injured or if damage occurs to the worker's 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 Regional Hospital. I agree that I will not hold Duke Regional Hospital or its officers or agents liable for any injury sustained to person or property while acting in a volunteer capacity.

I understand that upon acceptance into the program there will be a mandatory orientation on Monday June 17, 2019 from 8:30am-3:00pm, which I must attend in order to volunteer the summer of 2019.

Applicant Signature

Date

Parent/Guardian Signature

Date

Duke Regional Hospital is located at 3643 North Roxboro Street, Durham, NC 27704

About the Junior Volunteer Program

Each summer, the hospital offers volunteer opportunities for teens 15 years of age (on or before June 17, 2019) to 18 years of age. This provides an excellent opportunity for students to interact with healthcare professionals and learn in a medical environment.

Application Requirements:

To apply, complete the following and return by February 1, 2019:

- Junior Volunteer Application.
- School Counselor Reference Form in sealed envelope (signed on top of the seal).
- Two additional Reference Forms in sealed envelopes (signed on top of the seals).

Mail application with references (from counselor and two references) to:

Volunteer Services Duke Regional Hospital 3643 North Roxboro Street Durham, NC 27704

Selection Process:

- Applicants selected for an interview will be notified via email.
- Applicants not selected for an interview will be notified via mail.
- Interviews will occur in March.
- Selected applicants will be notified by April 15, 2019.

Questions:

Call (919) 470-4150

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