

Junior Volunteer Application - Part 2 Duke Regional Hospital

Instructions (please read carefully)							
This form is to be completed by the student only.							
• If this form is completed by anyone other than the student, it may result in the student not being							
accepted into the Junior Volunteer Program.							
Return completed forms by 5pm March 2, 2020 via one of the options listed below.							
Option 1:	Option 2:	Optio					
Email completed form to	Mail completed forms to:	•	form off at the Volunteer				
DRHVolunteerServices@dm.duke.edu	Volunteer Services	-	Services office located on First Level				
Note: File name AND subject line should	Duke Regional Hospital		of Duke Regional Hospital near main				
be: Junior Application – your last name,	3643 N. Roxboro Street		elevators.				
first name	Durham, NC 27704	cicva	sievators.				
in seriame	barnarii, we 2770 i						
Student Information							
Name			Birth Day (MM/DD/YY)				
			(Student must be 16 years old				
			by June 15, 2020.)				
School Name & City			by func 13, 2020.)				
Previous Exp	erience (Brief description or us	se bull	ets)				
As a volunteer							
7.5 d Voldificeer							
Other Experience							
Hobbies, Special Interests							
Have you volunteered at a Duke University Health System entity before? Yes No							
·							
When did you volunteer?							
Which location and program?							
Have you applied and/or been accepted into another Duke University Health System entity volunteer program?							
Yes No							
If so, which one?							
Do you have a relative who works within Duke University Health System? Yes No							
If so, what is their name? What is their relationship to you?							
55, What is their hame.	vviidt is tileli	, 514110					

Areas of Interest (Check all that apply.)							
We will make every effort to assign your area of interest, however, we cannot guarantee availability as it depends on a number of factors, including the number of open positions and your availability.							
□ Performing office work	ding the number of o	pen positions and	your availa	bility.			
☐ Greeting people in waiting rooms							
☐ Helping people find their way							
☐ Working in the store							
Availability							
Each student is required to commit to at least 8 hours per week.							
Students may not volunteer more than 16 hours per week.							
How many hours do you want to volunteer each week between 8 to 16 hours?							
Circle all days and shifts you are available. Only circle the times and days that you are actually able to volunteer. Mornings shifts are 8:30 am to 12:30 pm and Afternoon shifts are 12:30 pm to 4:30 pm.							
Monday Morning		Afternoon					
Tuesday Morning		Afternoon					
Wednesday Morning		Afternoon					
Thursday Morning		Afternoon					
Friday Morning	ŢS.	Afternoon					
List your preferred days if applicant. If accepted to the program, every effort will be made to accommodate your request, however, this is not always possible.							
How will you be transported to and from Du	ıke Regional for your a	assignment?	Self (drivi	ng) Dropped off			
, , , , , , , , , , , , , , , , , , , ,							
During the program, each Junior Volunteer program requirement. If attendance becomprogram. List the dates you will be taking volume Vacation Dates July Vacation Dates August Vacation Dates Why do you want to be a volunteer	es a concern, a Junion vacation. ? (Use the back o	f this sheet if y	e asked not	to continue in the			
	Orientation						
I understand that if I am accepted into the program, I must attend the mandatory orientation on Monday, June 15, 2020 from 8:30 am to 3:30 pm. I understand that there will be no alternative dates for this training.							
Signatures							
My signature below confirms that I have read and agree to the above statements.							
Applicant Signature		Date					
Questions? Contact Volunteer Services, <u>DRH-VolunteerServices@duke.edu</u> , 919-470-4150							