



Duke University Health System, Wake County

APPLICATION FOR ADULT VOLUNTEER SERVICE

Volunteers are a vital part of our Duke health care team. Thank you for inquiring about our volunteer program.

- All volunteer candidates should plan to schedule a face-to-face interview before being accepted into a program.
- Please return the completed application packet to the program coordinator in your area interest.

Please Print

Full Name: _____ DATE: _____

Address: _____ City, State, Zip: _____

Phone: Cell: _____ Home: _____

Name Preference: _____ Birth Date: _____

Email Address: _____

Select highest level of education: **GED** **HS** **Assoc Degree** **Bachelor** **Grad School**

School name(s): _____

Dates of Attendance: _____ Field of Study: _____

Please select day(s) you are available: **M** **T** **W** **Th** **F**

Please select time(s) you are available: **8:00-Noon** **Noon-4:00**

Are there certain departments that interest you more than others: _____

Please list relevant skills and special training you may have. Include previous employment/volunteer roles: _____

Emergency Contact's Full Name: _____

Relationship: _____ Phone Number: _____



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I. Court Released Information
All individuals expressing interest in employment at Duke University/Duke University Health Systems (DU/DUHS), both exempt and nonexempt must agree to an extensive screening process that includes a court record check. Conviction of a crime does not automatically disqualify an individual from employment at DU/DUHS. In each case, Du/DUHS examines the nature of the conviction; time elapsed since the conviction, and the type of job in question. Dependent on all of the circumstances, a decision is made whether to extend a job offer or continue an already hired employee.

Please complete the following questions. Upon submission of this form, as part of the Volunteer Application, the background screening process will proceed as follows:

- > An email will be sent to the volunteer applicant with a background screening form to be completed online.
-> Once completed online, the background screening results will take at least 3-5 days to process.
-> Upon receiving approval, the volunteer applicant will receive an email with next steps in the application process. If declined, an Adverse Action letter will be emailed to the volunteer applicant with contact information for any further questions.

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Former Name or alias: _____

Email: _____

Phone: Cell: _____ Home: _____

Have you ever been convicted of ANY OFFENSE OTHER THAN A MOVING TRAFFIC VIOLATION? (You must include any/all FELONIES or MISDEMEANORS).

Yes: [] No: [] If Yes, explain the nature of the CRIME, DATE and PLACE. State whether the crime was a felony or misdemeanor: _____

List any PENDING trial dates. Please explain the nature of the CRIME, DATE and PLACE: _____



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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 4 hours each week for one full, continuous year unless otherwise specified.

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

Pre-Orientation for Volunteers

- Submit application/interview with Volunteer Services
- Complete online background screening via email
Upon approval, complete email from help@duke.edu for volunteer ID
- You will be contacted when to proceed to schedule your Health Review and create your volunteer badge
3301 Benson Drive, Suite 201
Call Employee Health at **(919) 954-3952** for appointment.

_____ Bring copy of immunization record if available
_____ Health Assessment Questionnaire completed at appointment
_____ TB Test administered

_____ Have picture taken for your ID badge
- Attend orientation
Please bring your calendar to confirm start date
You will receive your assignment before leaving.

Orientation

Date: _____

Time: _____

Place: _____

Duke Raleigh Hospital
Attn: Volunteer Services
3400 Wake Forest Road
Raleigh, NC 27609
Telephone: 919-954-3887