



Application for Volunteer Position

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

MUST BE 18 YEARS OR OLDER TO APPLY AND COMMIT TO A TWO-YEAR ASSIGNMENT

NO SUMMER VOLUNTEERS ACCEPTED

Please return this application to Mitzie McCurdy at mitzie.mccurdy@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 _____ Clerical _____ 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 _____ Weekends _____ Holidays
Hours preferred: _____ Mornings _____ Afternoons _____ 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

Please indicate your name only on this form:

Name of Applicant: _____
(Print)

Auxiliary Information Only

Please do not write below this line

Availability: _____

Placement: _____

Notes: _____

Interview Date: _____/_____/_____

Volunteer Orientation Date: _____/_____/_____

Hospital Orientation Date: _____/_____/_____

Date Placed: _____/_____/_____

Placement Area: _____

Day / Time: _____/_____

Completed By: _____