

**DukeHealth****JUNIOR VOLUNTEER APPLICATION***Duke University Hospital*

Contact Information									
Name						Date			
Street				City			State		Zip Code
Email									
Home Phone					Cell #				
School					Grade				
Date of Birth					Gender				
Shirt Size		XS S M L XL 2XL							
Emergency Contact									
Name							Relationship		
Home #				Work #				Cell #	
Previous Experience									
As a volunteer									
Other Experience									
Hobbies, Special Interests									
Have you volunteered at a Duke Hospital before?		Yes No			When did you volunteer?				
If so, which Hospital & program?					Your Duke Unique ID				
Availability									
<ul style="list-style-type: none"> Each student is required to commit to at least 8 hours per week. Students may not volunteer more than 32 hours per week. 									
How many hours do you want to volunteer each week between 8 to 32 hours?									
Please allow some flexibility. We are often short of volunteer commitments for Mondays and Fridays. The more flexible you are, the more opportunities you will have. Circle all days and shifts you are available. Only circle the times and days that you <u>are</u> actually able to volunteer.									
Monday		Mornings			Afternoon				
Tuesday		Mornings			Afternoon				
Wednesday		Mornings			Afternoon				
Thursday		Mornings			Afternoon				
Friday		Mornings			Afternoon				
Saturday		Mornings			Afternoon			Evenings	
Sunday					Afternoon			Evenings	
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.									

Attendance		
During the program, each Junior Volunteer is permitted to take one week of vacation. Additional time off may be discussed with your supervisor. Regular attendance is a program requirement. If attendance becomes a concern, a Junior Volunteer may be asked not to continue in the program. List the dates you will be taking vacation.		
June Vacation Dates		
July Vacation Dates		
August Vacation Dates		
Why do you want to be a volunteer? (Use the back of this sheet if you need more space)		
Acknowledgement		
<p>In joining the Duke Health 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.</p> <ul style="list-style-type: none"> I acknowledge that I will commit to serve at least seven weeks of the eight-week program, or as approved by my supervisor. 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 Health 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 Health. I agree that I will not hold Duke Health or its officers or agents liable for any injury sustained to person or property while acting in a volunteer capacity. 		
Orientation		
<p>I understand that if I am accepted into the program, I must attend the mandatory orientation on Friday, June 14, 2019 from 8:30 am until noon. I understand that there will be no alternative dates for this training.</p>		
Signatures		
Applicant Signature	Date	
Parent/Guardian Signature	Date	
Questions? Contact Volunteer Services		
Duke University Hospital	duhs_volunteer_services@duke.edu	919-681-6088