

Duke University Hospital
***NEW* College Student Volunteer**
Checklist

First Name:

Last Name:

NEW COLLEGE STUDENT

Please bring the following items with you to your face-to-face interview:

- ☐ Volunteer Services Application
- ☐ Background Screening Authorization Form
- ☐ Reference #1 (in sealed envelope from preparer)
- ☐ Reference #2 (in sealed envelope from preparer)
- ☐ Health Screen Form
- ☐ 2018/2019 Flu Vaccine Reporting Form (when vaccine is available)
- ☐ Your class schedule
- ☐ This completed checklist



DUKE UNIVERSITY HOSPITAL VOLUNTEER SERVICES APPLICATION

Instructions for *Volunteer Applicant*:

- An interview is required before being accepted into a volunteer program.
- This is an editable PDF document.
- Bring completed application to your interview.
- The Applicant Packet includes the following forms:
 - Volunteer Services Application
 - Request for References (2 are needed)
 - Background Screening Authorization Form
 - Health Screen Form
 - 2018/2019 Flu Vaccine Reporting Form
- More information about this program can be found on our website:
<https://www.dukehealth.org/volunteer-services>

First Name:

Middle Initial:

Last Name:

Maiden Name or Alias:

Home Phone

Cell Phone

Current Address:

(street/city/state/zip)

Home Address (students):

(street/city/state/zip)

Email:

Polo Shirt Size: XSmall Small Medium Large XLarge 2XLarge

Shirts are unisex and run large

Are you at least 18 years of age? Yes No Date of birth

(If NO, you must apply through the Junior Volunteer process. Please see our website for specific information regarding this program.)

How did you learn about our Volunteer Program? **(Please provide the name of the resource you used to learn about our programs)**

Friend

Internet

Organization

Duke Hospital website

Duke Employee

Other (please specify)

Volunteer Program to which you are applying (optional):

(*please apply to only ONE volunteer program*)

Please list your Duke Unique ID if you currently have one:

EMERGENCY CONTACT:

Emergency Contact Person:

Relationship:

Phone #:

Home

Work

Cell

EMPLOYMENT:

If currently employed, please list your current employer's name and address below.

Employer's Name:

Address:

How long have you been with this employer?

May we contact you at work? Yes ☐ No ☐ N/A ☐ If yes, please provide your work phone**EDUCATION:**

Are you presently enrolled at a school or university? Yes

No

Graduation Year

School Name:

What is your current area of study?

EXPERIENCE/SKILLS:

Have you previously volunteered at Duke Hospital? Yes

No

Have you had other previous volunteer experience? Yes

No

Are you involved in other community service organizations? (Churches, Clubs, Service Organizations) Yes

No

If so, please provide the following information for each volunteer experience/organization:

Volunteer Experience/Service Organization

Program Supervisor

Phone Number

Dates of Service

Please list any educational, personal, or professional experience that you would like us to consider in your volunteer application:

Can you speak fluently, read or write a language other than English?

Yes

No

If yes, please list specific language(s) below:

Language(s)

Speaks Fluently

Read/Write

Yes No

Yes No

Yes No

Yes No

AVAILABILITY: *All college student volunteers are required to volunteer 2 to 4 hours per week, depending on program needs.

Days and Hours available to volunteer:

☐ Monday☐ Friday☐ 8:30 AM-12:30 PM☐ Tuesday☐ Saturday☐ 12 NOON-4:00PM☐ Wednesday☐ Sunday☐ Other☐ Thursday

INTERESTS:

Please describe activities that you participate in:

Please describe the factors that influenced your decision to volunteer at Duke University Hospital:

REFERENCES:

Two (2) references are required. Use the Reference Form provided on our website to obtain your references.

Forms must be returned in a sealed envelope with his or her signature across the back of the envelope.

List references below. **Family members cannot serve as references.**

Reference Name

Phone Number

Email

BACKGROUND:

Have you ever been convicted of a crime other than a minor traffic offense? Yes

No

If yes, please explain:

Note: ALL volunteer positions at Duke University Hospital require a Court Record Release/Background Check.

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 2 to 4 hours each week for one continuous year OR 2 academic semesters.

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



Duke University Hospital Volunteer Services Background Screening Authorization Form

Instructions for *Volunteer Applicant*:

- This is an editable PDF document. Volunteer applicant must complete all fields, print and sign document or application will not be processed.
- Bring completed form along with the application packet to your interview.

Volunteer Applicant Information

First Name:

Full Middle Name:

Last Name:

Social Security Number:

Date of Birth:

Current STATE of residence:

Current COUNTY of residence:

Email:

Phone #:

Signature

Signing this form gives Duke University Hospital Volunteer Services express permission to check any and all background databases regarding applicant.

Signature of Volunteer Applicant:

Date:

Duke University Hospital Volunteer Services Request for Reference

Instructions for *Volunteer*:

- This is an editable PDF document. Complete Applicant Information section and forward to the person completing your reference.
- You must obtain 2 references in order to be considered for the Duke Hospital Volunteer Program.
- Bring references along with the application packet to your interview.

Instructions for *Reference*:

- Place reference form in sealed envelope with your signature across the back of the envelope and return to the volunteer applicant.
- If more space is needed, please use the back of this form.

Volunteer Applicant Information

Applicant First Name:

Applicant Last Name:

Volunteer Program:

Reference Information

In what capacity have you known the Volunteer applicant, and for how long?

Briefly, how would you describe the applicant?

What strengths do you believe the applicant will bring to this position as a volunteer?

What do you think may be the applicant's greatest challenge in volunteering here?

We have very strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies? Why or why not?

On a scale of 1 to 5, 1 being Poor and 5 being Excellent, rate the applicant on the following:

Ability to work in a team

Organizational Skills

Communication

Use of conflict resolution skills

Ability to work independently

Honesty/Integrity

Flexibility

Ability to take direction

Multi-Tasking Skills

Dependability

Would you have this applicant volunteer with your organization or business? Why or why not?

Completed By -- *I VERIFY THE ABOVE INFORMATION TO BE CORRECT*

Printed Name:

Email:

Phone #:

Signature:

Date:

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Printed Name:

Email:

Phone #:

Signature:

Date:

Duke University Hospital - College Student Volunteer Health Screen Form

Instructions for *Volunteer*:

- Fill out the "Volunteer Applicant Information" section and take it to your Primary Care Provider.
- Form must be completed by a MD, DO, PA, NP, RN or LPN, NOT a family member. Official stamp from a doctor's office, clinic or health department AND an authorized signature must appear on this form.
- Volunteer must submit completed form along with your application.

Volunteer Applicant Information

First Name:	Middle Initial:	Last Name:
Address (Street/City/State/Zip):		Cell phone:
Duke Unique ID: <u> 0 </u>		Date of Birth:
Email Address:		

Volunteer Program Information *To be completed by Volunteer Coordinator*

Volunteer Program:	Volunteer Coordinator:
Will the volunteer duties involve close interaction with children under 18 months of age? Yes No (circle one) If yes, describe duties:	

Communicable Disease/Immunization History

Tuberculin Skin Test

TB testing must be performed 6 months prior to your volunteer application date.

PPD OR TSpot OR QuantiFERON Gold are accepted. If any of the tests are positive a chest x-ray report, discussion of latent TB and INH treatment recommendations must be documented and attached to volunteer health review sheet.

History of a positive TB test also requires a RECENT chest x-ray performed within the last month.

TB testing must performed within the U.S.

Date placed:	Date read:	Result: # of mm induration	Interpretation: Negative / Positive (circle one)
QuantiFERON (QFT-G) or T-Spot Date:		Result (lab report must be included):	

Measles, Mumps and Rubella

Proof of immunity: Two doses on or after the first birthday, and at least 28 days apart. If there is no record of MMR, positive antibody titers of Measles, Mumps, and Rubella will be accepted.

MMR #1:	MMR #2:	OR MMR Titer (lab reports must be included):
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Varicella

Proof of immunity: Two doses OR a positive antibody titer.

Varicella #1	Varicella #2	OR Varicella Titer (lab reports must be included):
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Tdap

Tdap:	Adult booster required for 18 years and older
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2018-2019 Influenza Vaccine

Required during flu season.	Date received:
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Completed By

Clinician Name and Title(print):	Phone #:
Clinician Signature:	Date:
Address/Official Stamp Here:	

Duke University Hospital College Student Volunteer 2018-2019 Flu Vaccine Reporting Form

Instructions for *College Student Volunteer*:

- The 2018/2019 flu vaccine must be administered during flu season.
- Volunteer completes "Volunteer Applicant Information" section then obtains flu vaccine from a healthcare provider, requesting the provider to complete this form.
- Volunteer should keep a copy of this form by taking a picture of it with their phone for required documentation.
- Volunteer is responsible for emailing the completed form to duhs_volunteer_services@duke.edu.
- If you obtain your flu shot from a pharmacy such as CVS or Walgreens, please be sure your name is visible on the pharmacy receipt and email the receipt to duhs_volunteer_services@duke.edu.

Volunteer Applicant Information

First Name:	Middle Initial:	Last Name:
Duke Unique ID:		Date of Birth:
Phone number:		

Immunization Information

I verify that the following 2018/2019 flu vaccine was administered to the individual listed above.

<input type="checkbox"/> Inactivated influenza vaccine <input type="checkbox"/> Live Attenuated influenza vaccine (FluMist) <i>*Live vaccine please note restrictions below</i>	Date Flu Vaccine Administered:
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Live Vaccine Restrictions/Limitations

☐ Live influenza vaccine given: ***Must avoid volunteering for 2 weeks from the date vaccine was administered.***

Cleared to start volunteering on _____ (date).

☐ Live influenza vaccine given: Patients on Protective Isolation. ***Student must wait 30 days from the date vaccine was administered before volunteering on Adult and Children's Bone Marrow units.***

Cleared to start volunteering on _____ (date).

Completed By:

Name of Healthcare Provider/Medical Practice/Pharmacy: (print)	Signature of Healthcare Provider/Medical Practice/Pharmacy:
Address / City / State:	Phone #:
Official Stamp:	