

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

First Name:

Last Name:

Please be sure all steps below are completed before you begin volunteering.

- ☐ Contact your volunteer coordinator/supervisor by **August 1, 2018** to let them know you would like to return in the fall. *Placement cannot be guaranteed if this information is submitted after the **August 1, 2018** deadline.*
- ☐ Email your class schedule to your volunteer coordinator/supervisor by **August 27, 2018**.
- ☐ Complete Annual Safety/Compliance Training (Module 1 and Module 2) by **August 27, 2018**.
- ☐ Obtain your 2018/2019 Flu Vaccine (when available). Have Flu Vaccine Reporting Form completed by provider and emailed to Volunteer Services before hospital deadline (to be announced).

**Requesting NEW assignment**

In addition to the above information, please submit the following:

- ☐ Obtain a reference form from your previous hospital volunteer coordinator/supervisor and schedule an interview for the new program before **August 1, 2018**.
- ☐ Email Volunteer Services at [duhs\\_volunteer\\_services@duke.edu](mailto:duhs_volunteer_services@duke.edu) to obtain the reference form.
- ☐ *Placement cannot be guaranteed in a new position if this information is submitted after the **August 1, 2018** deadline.*

# 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](mailto: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](mailto: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:

<b>Name</b> of Healthcare Provider/Medical Practice/Pharmacy: (print)	<b>Signature</b> of Healthcare Provider/Medical Practice/Pharmacy:
Address / City / State:	Phone #:

Official Stamp:
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