



**DUKE UNIVERSITY HOSPITAL
VOLUNTEER SERVICES APPLICATION**

- All volunteer candidates should plan to schedule a face-to-face interview before being accepted into a program.
- To obtain the application forms and information regarding the available programs and opportunities for volunteering at Duke, please visit our website at:
http://www.dukehealth.org/patients_and_visitors/volunteer_services/volunteering_at_duke
- Please return the entire completed application packet to the program coordinator in your area of interest:
- A completed application packet includes:
 - Application form
 - Two written references from non-family members
 - Signed background check form
 - Blue "Volunteer Clearance form" from Employee Health. (We cannot accept private medical information with your application.)

Name: _____
(Last) (First) (Middle)

Maiden Name or Alias: _____ Home Phone _____ Cell Phone _____

Current Address: _____
(Street)

(City) (State) (Zip) (County)

Vest size: _____

Home Address _____
(City) (State) (Zip)

Email address: _____

Are you at least 18 years of age? _____ 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 _____ Organization _____ Internet _____ Duke Hospital website _____ Current
Duke Employee _____ Other (please specify) _____

Volunteer Program to which you are applying: _____ (*please apply to only **ONE** volunteer program*)

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

Emergency Contact Person: _____ Relationship: _____

Telephone number: _____ (please list whether this is a home, work, or cell phone number)

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

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 _____

Are you presently enrolled at a school or university? **If yes, list school and graduation year.**

What is your current area of study? _____

EXPERIENCE/SKILLS:

Have you had previous volunteer experience? _____ Are you involved in other community service organizations? _____
(Churches, Clubs, Service Organizations)

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

Volunteer Experience/Service Organization	Program Supervisor and Phone Number	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you previously volunteered at Duke Hospital? _____

If yes, please list volunteer program name(s) and 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? _____

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

Language(s) _____ Speaks Fluently _____ Read/Write _____

AVAILABILITY: (* All Volunteers are asked to commit 4 hours per week for one year*)

Days and Hours available to volunteer:

- | | | |
|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday | <input type="checkbox"/> 8:30 AM-12:30 PM |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday | <input type="checkbox"/> 12 NOON- 4:00PM |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Thursday | | |

INTERESTS:

Please describe activities that you participate in: _____

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

REFERENCES and BACKGROUND CHECK

Please see the attached forms to give to two (2) references for completion. Ask that attached forms be returned in a sealed envelope with his or her signature across the back of envelope. Please list references below. Family members cannot serve as references.

Reference Name	Phone Number	Email
1. _____		
2. _____		

Background:

Have you ever been convicted of a crime other than a minor traffic offense? Yes _____ No _____

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 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