



Duke Raleigh Hospital

DUKE UNIVERSITY HEALTH SYSTEM

APPLICATION FOR ADULT VOLUNTEER SERVICE

Date: _____

Volunteers are a vital part of our health care team at Duke Raleigh Hospital. Thank you for inquiring about our volunteer program. Questions on this application are to help us place you where both your interests and the needs of the hospital and patients may best be met.

PLEASE PRINT

Name: _____ Address: _____

City, State, Zip: _____ Email: _____

PHONE: Home _____ Cell: _____ Work: _____

May we call you at work? **Yes** **No**

Birthdate: _____

Do you currently volunteer for other organizations? **Yes** **No**

If you are in college, what college do you attend? _____

Please circle day(s) you are available: **M T W Th F**

Please circle time(s) you are available: **8:00-noon noon-4:00**

What hospital activities interest you? Are there certain departments that interest you more than others?

Please list skills and special training for the activities listed above. Include previous volunteer experience or employment. _____

Have you ever pled guilty or been convicted of a crime(s) other than minor traffic violations?

Yes **No** If yes, explain: _____

Please list any health concerns: _____

Emergency contact: Name: _____

Relationship
Phone _____

If you have been employed in the **last 5 years** please complete the table below. Skip if you have not been employed within the last **5 years**. Include both full and part time work.

Dates of Employment	Place of Employment	Address and Phone Number of Employer	Duties Performed	Reason for Leaving

REFERENCES (non-family; *i.e. clergy, friend, supervisor, teacher, etc.*)

(1)
Name _____ Phone _____

Address _____

Occupation _____ Relationship _____

How long have you known this person? _____ years.

(2)
Name _____ Phone _____

Address _____

Occupation _____ Relationship _____

How long have you known this person? _____ years.

I have completed the above information to the best of my ability and understand that any falsification of the information provided may prohibit me from volunteering. 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 and employees. 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.

Volunteer Signature Date

Mail to: DRAH Volunteer Services * 3400 Wake Forest Road * Raleigh, NC 27609 * 919-954-3887

VOLUNTEER REQUIREMENTS

These items must be completed before you begin your volunteer assignment:

1. You will be called to schedule an interview appointment with the Volunteer Services office. At the interview we will discuss volunteer opportunities, answer your questions, and make arrangements in preparation for the Orientation Program. You will also receive forms to be completed.
2. Prior to the Orientation, you are to make an appointment with the *Employee Health Nurse* at (919) 954-3952. This office is located in Room 116 of Building 3325 (**Medical Office 4**) on Executive Drive. During this meeting your Health Assessment Questionnaire will be reviewed along with your immunization information. A TB test will be administered for which the results must be read within 48 hours. If you have had a TB test during the past year or if you are not allowed to have this test, let the health nurse know. A second TB test will be administered approximately one month later.
3. Following your Employee Nurse appointment, you will report to the *Human Resource Department*, Room 215 in the same building, to be photographed for your ID badge.
4. You will attend the hospital volunteer orientation in Room 100 of Building 3325 (**Medical Office 4**) on Executive Drive. This orientation is held on a Monday from 7:45 a.m. to 2:00 p.m. Lunch will be provided.

VOLUNTEER SERVICES OFFICE

919-954-3887

Beverly Kavlock, Volunteer Director



Duke Raleigh Hospital

DUKE UNIVERSITY HEALTH SYSTEM

Dear Prospective Volunteer:

Thank you for your inquiry about becoming a volunteer at Duke Raleigh Hospital. A Volunteer Services brochure, Volunteer Requirements, Background Check/Confidentiality Agreement, and a Volunteer Application are enclosed.

Please complete the Background Check/Confidentiality Agreement and Application form, returning them to the Volunteer Services Department. After receiving these, we will contact you about scheduling an interview. We encourage you to closely review the outline of requirements prior to your interview to make certain you are comfortable completing all of them.

Volunteering is a rewarding and fulfilling experience in which people give of themselves to help a cause. Volunteering is essential in providing the optimum care for our patients, part of the mission of Duke Raleigh Hospital. Each task performed by a volunteer allows staff more time to spend on patient care.

We look forward to having you on the Duke Raleigh Hospital team and will be contacting you soon.

Sincerely,

Beverly Cass Kavlock
Director, Volunteer Services and Communications

Enclosures

**Important
Please read carefully**

VOLUNTEER INITIAL HEALTH SCREENING

All new volunteers must make an appointment for an initial Health Screening. This screening must take place before your Volunteer Orientation. The Employee Health Office number is 954-3952.

Please bring the following items to your health screening:

1. Documentation of measles, mumps and rubella vaccine (MMR)
2. Documentation of Hepatitis B Series (X2) injections (if received)
3. Documentation of last PPD (TB skin test). If you are PPD positive, please bring a copy of your last chest x-ray results.
4. Date of last tetanus shot
5. Completed Health Assessment Questionnaire

At the Health Screening, the Employee Health Nurse will review your immunity status. Based upon your volunteer assignment, the nurse will then determine whether you will need further immunizations.
