

Applications for the Duke Raleigh Hospital Summer Student Volunteer Program are not accepted prior to February 25th

Application for Summer Student volunteer Program

Date: _____

Due to the large volume of Summer Student applications we receive, we will call you ONLY if you are accepted into our program. Accepted applicants will be notified by May 15th. All applicants not accepted will go onto our waiting list.

Volunteers are a vital part of our health care team at Duke Raleigh Hospital. Thank you for inquiring about our student volunteer program. A 5-week commitment over the course of the summer is required. You must be at least 14 years of age and no older than 18 years of age. Questions on this application are to help us place you where both your needs and the needs of the hospital and patients will best be met.

-- PLEASE PRINT --

Name: _____ Address: _____

City, State, Zip: _____

Home phone: _____ Birthdate: _____ E-mail: _____

School attending: _____

Do you currently volunteer for other organizations? Yes No

Where? _____

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

Please circle time(s) you are available:

We require a minimum of 4-hours each time you volunteer. You may choose one of the following:

___(8:00-noon) or (noon-4:00) one day a week. **The minimum allowed**

___(8:00-noon) or (noon-4:00) two days a week

___(8:00-4:00) one day a week

What hospital activities interest you more than others? _____

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

Do you speak a second language? Yes No. If so, please specify _____

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: _____

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