



DukeHealth

Application for Volunteer Position

Duke Health Lake Norman Hospital

P.O. Box 3250

Mooresville, NC 28117

**** Please return this application as an attachment to Mitzie McCurdy at
mitzie.mccurdy@duke.edu.**

Duke Health Lake Norman Hospital considers qualified applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.

Date: ____/____/____

(Please Print) _____

Name:

Address: _____

Phone: (____) ____ - ____ **Birth Date (Month/Day):** ____/____

E-mail Address: _____

Emergency Contact: _____

Name

Home Phone: (____) ____ - ____ **Cell Phone:** (____) ____ - ____

1. Have you ever worked as a volunteer? Yes ____ No ____
If so, which hospital and what were your responsibilities? _____

2. Have you ever applied to be a hospital volunteer and been turned down?
Yes ____ No ____ If so, what hospital did you apply to? _____

3. Have you ever been employed by a hospital? Yes ____ No ____
If so, which hospital and what was your job description? _____

4. Are you currently employed? Yes ____ No ____ If so, please state the name of your
employer and your responsibilities: _____

5. Do you have any type of volunteer experience other than in a hospital setting?
Yes ___ No ___ If so, please explain: _____

6. Do you have any special talents or abilities that we should know about? If so, please list: _____

7. Do you have any specific area in which you would like to work?
☐ Admitting ☐ Clerical ☐ Lobby Desk ☐ Gift Shop
☐ Maximum Patient contact ☐ Minimum Patient contact
☐ Any ☐ Other _____

8. How many hours per week do you plan to volunteer?
Days preferred: _____ Monday – Friday Hours preferred: _____ Mornings
 _____ Weekends _____ Afternoons
 _____ Holidays _____ Evenings

9. How did you hear about our Volunteer Program? _____

References:

Please list two references that we may contact (no relatives, please). Include address and phone number where they can be reached –

1. Name: _____ Phone: (____) _____ - _____
Address: _____

2. Name: _____ Phone: (____) _____ - _____
Address: _____

As a Volunteer:

I will endeavor to give at least 4 hours per week to Duke Health Lake Norman Hospital.

I understand if I miss two consecutive assignments without notifying the Day Captain, Auxiliary President, or Director of Volunteer Services, I will be considered inactive.

I will abide by the rules and ethics described in the Volunteer Handbook, to keep all patient information strictly confidential, and to comply with all rules and regulations of the hospital.

Volunteer Applicant Signature _____ / ____ / ____
Date

Please indicate your name only on this form:

Name of Applicant: _____
(Print)

Auxiliary Information Only

Please do not write below this line

Availability: _____

Placement: _____

Notes: _____

Interview Date: ____/____/____

Volunteer Orientation Date: ____/____/____

Hospital Orientation Date: ____/____/____

Physical Exam Scheduled/Date: ____/____/____

Date Placed: ____/____/____

Placement Area: _____

Day / Time: _____ / _____

Completed By: _____

Volunteer Health Update

Please fill in all blanks, printing answers

Name: _____ Date: ____/____/____

Address: _____

Job Title: _____ Department: _____

Family Physician: _____ Phone: (____) ____ - ____

Illness update – please ☒ any illness, physical condition or problem you may have now or have ever had:

- | | | |
|--|--|---|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Knee Injury | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Chronic Sinus Infection | <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back Trouble/Injury | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Tuberculosis (TB) | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Exposure <input type="checkbox"/> Treatment | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Shingles | <input type="checkbox"/> Nervous Emotional Condition | Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| <input type="checkbox"/> Neck Trouble/Injury | <input type="checkbox"/> Shoulder Trouble/Injury | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Stiffness of Joints | <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Lung Problems |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Other _____ | |

Comments or explanations concerning any of the above checked items: _____

Please list any surgeries you have had within the last year: _____
