To College Volunteers:

Thank you for your interest in volunteering at UNC Health Care! The College Program allows students to volunteer in many areas throughout the medical complex. Students are able to explore career opportunities in an academic health care setting while helping others. College volunteers come from many different universities. Our staff, patients, and their families greatly appreciate the service provided by UNC Health Care Volunteers.

Open registration for College Volunteers is done by the school semester, with orientations after each registration period. You must come in person during registration to schedule your volunteer spot. All volunteers are required to complete orientation and follow guidelines discussed in the Student Volunteer Handbook provided at orientation. Volunteer times are assigned on a first come basis according to criteria determined by each service area. **Prior to registering, you will also need to schedule a TB skin test.** The TB test results take two days to read.

When you come to registration, please make sure you have your class schedule and are aware of times you are available to volunteer. Use good time management to ensure you are able to honor your volunteer commitment. Volunteers are expected to work at least 20 hours per semester. You are not expected to volunteer during holidays. All volunteers must adhere to the UNC Health Care's dress code policy, as well as purchase a volunteer polo shirt for $10.

Volunteering is a wonderful experience for students to serve others in a meaningful way. We appreciate your dedication to serving the patients at UNC Health Care and look forward to seeing you at registration.

If you have questions, please contact our office at (919) 966-4793.

Sincerely,

Jodie Skoff
Student Volunteer Coordinator

Department of Volunteer Services
The University of North Carolina Hospitals, 101 Manning Drive, Chapel Hill, North Carolina 27514
Telephone: (919)966-4793 * Fax: (919)966-1389

APPLICATION INSTRUCTIONS
COLLEGE VOLUNTEERS

- **Read the Opportunities List and select volunteer positions you are interested in exploring.**

- **Schedule and obtain a current TB skin test. Test must be less than a year old at the time of registration. It can be done at your local health department, family doctor, or student health center. If student health is unable to schedule you in time for registration, it is your responsibility to look for another healthcare provider. You must have your TB test results with you when you come to register. *It takes 48 hours to read a TB test. Student Health Center: 966-2281**

- **Return application to Volunteer Services located on the Ground Floor of Memorial Hospital during registration period. Students must register in person to secure a volunteer spot.**

- **Registration for each session will be posted at Volunteer Services and on-line at unchealthcare.org.**

- **After registration, volunteers must attend orientation. Dates are on-line and also discussed at registration.**

If you have questions, please contact our office at (919) 966-4793.

Remember to complete your application carefully and we look forward to having you as a volunteer at UNC Health Care!

UNC HEALTH CARE

NEW COLLEGE VOLUNTEER APPLICATION

Office use only
Volunteer #:_____

Name:_____ Date:_____
Last First Middle Initial

E-Mail Address:_____

Home Address:_____
Street City State Zip Code

Home Telephone #:_____

School Address:_____
Street City State Zip Code

Cell #:_____

In case of emergency notify:_____
Name Relation Telephone #

School Name:_____

Major:_____ Minor:_____

Class Standing: Freshman, Sophomore, Junior, Senior, Grad Student, Continuing Education

Service Area Preferred: _____ Times Available:_____

_____ _____

_____ _____

Please list any experience or certifications you have for the service area you have chosen.

_____

_____

What do you hope to get out of this volunteer experience?

_____

_____

Career goals:_____

(Office use only)

Area and Hours Assigned:_____

8/11

UNC Health Care's Department of Volunteer Services is sometimes is asked to report on the diversity of our volunteer base. Disclosure is completely voluntary, but does help to substantiate the statistics of our program. Thank you for your participation!

Please enter the requested information below

Date of Birth _____/_____/_____ (mm/dd/yyyy)

Sex _____

Ethnic Background

_____White

_____Black or African American

_____Hispanic or Latino

_____Asian

_____American Indian or Alaska Native

_____Native Hawaiian or other Pacific Islander

_____Two or more races

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UNC HEALTH CARE

Authority for Release of Information

PLEASE PRINT LEGIBLY!

NAME (First, Middle, Last) _____ MAIDEN NAME _____ SEX (M or F) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (month/day/year) _____

HOME ADDRESS (no P.O.) _____ At this address since (month & year) _____

CITY, STATE, ZIP _____

PREVIOUS ADDRESS (if home address is less than 1yr) _____ At this address for how long? _____

CITY, STATE, ZIP _____

APPLICANT AUTHORIZATION

I understand that the CRA does not guarantee the accuracy or timeliness of the information obtained from other sources and that the UNCHCS and the CRA shall not be liable for any inaccuracy in the information obtained from other sources that is included in the consumer report.

Further, I authorize my current and former employers as well as other organizations to provide such information to the CRA and I hereby release and hold harmless the UNCHCS, the CRA, and my current and former employers as well as other organizations who have provided information on account of the collection or use of such information in connection with my consumer report.

_____ _____/_____/_____

APPLICANT'S SIGNATURE **DATE**

Please understand that your volunteer placement is pending this background check and cannot be guaranteed.

Revised 9/11

UNC HEALTH CARE

Student Volunteer Immunization Review Form

All information must be completed. We will not accept immunization records in lieu of this form and we do not have access to records at UNC or Student Health.

Name:_____

1. MEASLES, MUMPS AND RUBELLA (MMR) DATES

MMR#1_____**MMR#2** _____

Or

MEASLES (Vaccine or titer) _____

MUMPS (Vaccine or titer) _____

RUBELLA (Vaccine or titer) _____

Provide documentation of **two** live measles, **two** mumps and **two** rubella immunizations (or serological evidence)

2. CHICKEN POX (VARICELLA)

Did you have the Chicken Pox? Yes ☐ **No** ☐ **Unknown** ☐

If you received a titer, date of known serologic immunity?_____

If you answered "No" or "Unknown", you must receive the Varicella Vaccine prior to volunteering.
Received Varicella Vaccine Dates #1_____#2_____

3. TUBERCULOSIS SKIN TESTING

UNC Health Care Policy requires all new volunteers to have a TB skin test within the past 12 months unless contraindicated. Please provide Volunteer Services with a copy of your TB results or have a health care provider document results below.

Placed_____ Strength_____Lot#_____
Read_____
Result_____
mm of induration_____

If you have had a reactive PPD please provide the following information:
Size of induration of last PPD_____Date_____
Chest Xray documentation_____Date_____
☐ Treatment with INH or other TB medications_____How long?_____

For TB Test: Name of Health Care Facility_____
and Health Care Provider Signature_____

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