

NIH Clinical Center Volunteer Application – please print or type

NAME: (Last) _____ (First) _____ (MI) _____

TITLE: Dr. Mr. Mrs. Miss Ms. **E-Mail Address:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: Home () _____ Work () _____
School () _____ Cell () _____

BIRTH DATE: _____

PREFERRED WORK AREA: *(Circle)*

Patient Ambassador Language Interpreter Family Friend Hospitality-type Inpatient Units
Outpatient Clinics Day Hospitals Admissions Voucher/Travel Computer/Data Special Projects
Other Summer Only Pre-Assigned *(please write in)* _____

HOURS AVAILABLE/WANTED:	<u>DAY</u>	<u>HOURS AVAILABLE</u>
Number of days per week: _____	Monday	_____
Hours per day: _____	Tuesday	_____
Start Date: _____	Wednesday	_____
	Thursday	_____
	Friday	_____
	Saturday	_____
	Sunday	_____

WORK EXPERIENCE: *(Paid or volunteer; list current or most recent job first.)*

Current Status *(Circle one)* Retired Unemployed Employed Student

1. Job Title _____ **Dates** _____

Company Name _____

Supervisor _____ Phone _____

Duties _____

Reason for Leaving _____

2. Job Title _____ **Dates** _____

Company Name _____

Supervisor _____ Phone _____

Duties _____

Reason for Leaving _____

3. Other Jobs/Experience:

REFERENCES (please provide two people not related to you who will complete the reference form):

Name Phone Email
1. _____
2. _____

LANGUAGES SPOKEN: (Circle) English French Spanish Italian Other: _____

SKILLS/HOBBIES: (Circle all that apply)

Data Entry Word Processing/Typing Filing Organizing Telephone
Other: _____

WHY DO YOU WANT TO VOLUNTEER? (Check all that apply)

Retired Experience School Requirement Give Back to Community
to Become Employed Other (Please specify) _____

EDUCATION:

Currently enrolled? Yes No Last Grade Completed: 8 9 10 11 12 College: Fr So Jr Sr

Name of High School _____ Graduated: Yes No

Name of College _____ Graduated: Yes No

Degree/Major(s) _____

Other Training _____

HOW DID YOU FIND OUT ABOUT VOLUNTEERING AT THE NIH?

Employee (Name) _____ Church Bulletin Advertisement

Volunteer Organization (Name) _____ Red Cross

Volunteer (Name) _____ Other (Specify) _____

HAVE YOU EVER VOLUNTEERED AT THE NIH? Yes No

Year(s) _____ Name (if different) _____

Area(s) _____

WILL YOU PARK YOUR VEHICLE AT THE HOSPITAL? Yes No

EMERGENCY CONTACT:

Name _____ Relationship _____

Home Phone () _____ Work/Cell () _____

HEALTH SURVEY

Date of last TB Skin Test _____ Reaction: Negative (no reaction) Positive (swollen, red)

Check those that apply to you and elaborate, if needed.

- | | |
|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Tuberculosis (TB) | <input type="checkbox"/> Other (Specify) _____ |

I verify the information on this application is correct.

Signature of Applicant and Date



FOR OFFICE USE ONLY

INTERVIEW _____ ORIENT _____ ASSIGN _____ SUPERVISOR _____

Volunteer Agreement

IF I AM ACCEPTED AS A VOLUNTEER, I AGREE TO:

- 1.** Keep all information regarding patients/clients and hospital business confidential. I will not disclose or discuss any patient, human resources, payroll, fiscal and research information with others, including family or friends.
- 2.** Give permission for the Volunteer Services staff to discuss my work history and performance with those I have listed as supervisors and references with my potential NIH Clinical Center supervisor(s).
- 3.** Sign in and out each day I volunteer according to the procedures defined by Volunteer Services for my particular area.
- 4.** Volunteer for a period of six months (unless otherwise pre-approved) and hours agreed upon for the assignment.
- 5.** Be punctual and regular in attendance.
- 6.** Notify my supervisor(s) in advance if I cannot work as scheduled.
- 7.** Wear the NIH Clinical Center Volunteer I.D. badge while on duty.
- 8.** Not expect compensation or employment as a result of my volunteer work
- 9.** No smoking. This is a no smoking hospital.
- 10.** Provide my own transportation to and from the volunteer work site.
- 11.** Provide documentation of negative TB test within the past one year or a recent chest x-ray.
- 12.** Notify my supervisor(s) and the Coordinator of Volunteer Services of my plans to resign at least two (2) weeks in advance.
- 13.** At the time of resignation, return my Volunteer I.D. badge and parking pass (if applicable) to Volunteer Services.
- 14.** Abide by all NIH policies and procedures.
- 15.** Perform duties as defined by the position description or my supervisor.

I certify that:

- 1.** I am at least 16 years old.
- 2.** I am not volunteering as a court requirement or as an attorney referral.

Signature of Applicant _____ **Date** _____

PARENT/GUARDIAN OF APPLICANTS WHO ARE UNDER 18 YEARS OF AGE **1.** This applicant has my permission to volunteer at the NIH Clinical Center. **2.** I have read the above Volunteer Agreement. **3.** I will support this applicant in fulfilling the Volunteer Agreement. **4.** I understand that my child will be in a medical setting and may have patient contact as part of their volunteer assignment.

Parent/Guardian (Print) _____ **Relationship** _____
Signature _____ **Date** _____