



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.

**Applications are accepted at the beginning of each UNC-CH school semester. After applying on-line, applicants must come to walk-in registration to meet with Volunteer Services staff to secure a volunteer spot. Orientations follow each registration period.** Volunteer times are assigned on a first-come basis according to criteria determined by each service area. All volunteers are required to complete orientation and follow the guidelines discussed in the Student Volunteer Handbook. **Prior to registering, applicants must have TB skin test results and proof of a Flu Vaccine (only for the spring).**

At registration, please bring your class schedule and be aware of available times to volunteer. Use good time management to ensure you are able to honor your volunteer commitment. Volunteers are expected to work at least 25 hours per semester and adhere to UNC Health Care's dress code policy. Volunteers are also expected to 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 meeting 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 the 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, drugstore 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**
- **For Spring Volunteers Only! Schedule and obtain a current Flu Vaccine. It can be done at your local health department, family doctor, drugstore or student health center.**
- **Return forms to the Volunteer Services department 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 [unhealthcare.org](http://unhealthcare.org).**
- **After registration, volunteers must attend orientation. Dates are on-line and will be discussed at registration.**

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





## 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.**

## 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) \_\_\_\_\_

Indicate history of **two** live measles, **two** mumps and **two** rubella immunizations (or titer)

### 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 \_\_\_\_\_ (everyone may not have 2<sup>nd</sup> vaccine)

### 3. FLU VACCINE DATE

UNC Health Care Policy requires all volunteers working from Jan-March to have a yearly flu vaccine.  
**Only for Spring Volunteering** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 4. 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 \_\_\_\_\_



UNC  
HEALTH CARE

**IDENTIFICATION IS REQUIRED WHEN PICKING UP YOUR ID**

**PHOTO ID VOLUNTEER FORM  
For ALL Students**

NAME: \_\_\_\_\_  
Legal Name

DATE OF BIRTH: \_\_\_\_\_

LAST 4 DIGITS OF YOUR SOCIAL SECURITY #: \_\_\_\_\_

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**VOLUNTEER PARKING APPLICATION**

**For Non-UNC Chapel Hill Students ONLY**  
**Parking in the UNC Health Care Parking Garage is strictly prohibited  
for UNC-Chapel Hill students per the University**

NAME OF SCHOOL YOU ATTEND : \_\_\_\_\_

Signature on this card certifies that I accept all responsibilities for any UNC-CH violations that may occur with the vehicles associated with this registration. The Department of Public Safety reserves the right to operate according to The Ordinance Regulating Traffic and Parking on the Campus of the University of North Carolina at Chapel Hill.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The University of North Carolina Health Care System, 101 Manning Drive, Chapel Hill, North Carolina 27514