



MURDOCK Study Volunteer Application
147 West Avenue
Kannapolis, NC 28081
704-250-5850

(PLEASE PRINT)

Today's Date _____

Last Name _____ First Name _____ Middle Initial _____

Title (Mr./Mrs./Ms./Dr./RN/Rev.) _____ Preferred name (if different from first) _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____ Email _____

Are you presently employed or in school? Yes No Retired If yes, please complete:

Business/School Name _____ Business/School Location (City/State) _____

Where may we reach you during the day? Home Work Cell

Date of Birth: Month _____ Day _____ Are you over 18 years of age? Yes No

EXPERIENCE

1. Previous volunteer experiences:

Organization	Duties/Responsibilities	Contact Name	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please list any education/special training that may help place you for volunteer service: _____

GENERAL INFORMATION

1. Why are you interested in volunteering for the MURDOCK Study? _____

2. Have you ever worked as a Duke Medical Center Employee? Yes No
If yes, give location, position(s) and dates worked _____

3. Have you been a volunteer for Duke Medical Center? Yes No
If yes, give location, position(s) and dates worked _____

4. Are you a student? Yes No Year/Grade in School _____
If yes, Name of institution: _____
Do you need to receive credit for volunteer hours worked? Yes No If yes, how many hours? _____

5. Who do you know that works at the MURDOCK Study? (Employees or volunteers) _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

BACKGROUND DISCLOSURE

Duke Medical Center obtains arrest and conviction records on all potential volunteers. An arrest or conviction will not automatically eliminate you from consideration for volunteering. However, failure to list all pending charges and/or convictions may lead to your disqualification or termination of volunteering with the MURDOCK study. Examples may include, but should not be limited to: driving while impaired, larceny, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement, etc.

Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation of charges for violation of criminal law? _____ Yes _____ No

If yes, please explain _____

TIMES AVAILABLE TO VOLUNTEER: Please check times available.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning							
Afternoon							
Evening							

How did you hear about volunteering? _____ newspaper _____ church _____ as a visitor _____ MURDOCK employee
_____ current volunteer, who? _____ Other, _____

I affirm the information given on this application and any resulting from interviews are true and complete. Any misrepresentations or omissions of facts, misleading or false information on my part may disqualify me for consideration as a volunteer or may result in being discharged as a volunteer if discovered at a later date. Acceptance as a volunteer is contingent upon satisfactory references, verification of information submitted on the application and satisfactory completion of mandatory requirements, which includes a Consumer Report containing public record information.

I authorize verification of all statements contained in this application for volunteer work and approval for the Volunteer Services office to check references. I understand that this information is voluntarily supplied and may be used and disclosed for Duke Medical Center purposes only and in connection with my volunteer status. I understand that by completing this application that Duke Medical Center is not obligated to provide me a volunteer placement, nor am I obligated to accept the volunteer position offered.

I understand that all volunteers are representatives of Duke Medical Center; and as such, are subject to all requirements and regulations set forth by Duke Medical Center.

Signature _____ Date _____

All volunteer placements are decided without regard to race, color, age, religion, sex, national origin or any other basis prohibited by law.



VOLUNTEER SERVICES
147 West Avenue
Kannapolis, NC 28081
704-250-5850

VOLUNTEER REFERENCE REQUEST ~ CONFIDENTIAL

Name of Volunteer Applicant _____ Date sent to Reference _____

Reference's Name: _____ Phone _____

Address _____ City _____ State _____ Zip _____

The above applicant has given your name as a reference on the volunteer application they submitted to the **Duke Translational Medicine Institute (DTMI) - MURDOCK Study**. Information on the MURDOCK Study is enclosed for your background. Your assistance in furnishing information relative to this individual will be very helpful in the selection process. All information you provide will be confidential. **Please return within two weeks of the above date in the enclosed stamped and addressed envelope to:**

**Volunteer Services,
DTMI-MURDOCK Study
147 West Avenue
Kannapolis, NC 28081**

1. What is your relationship to the applicant? (Should not be a relative)
 Employer Former Employer Pastor/Rabbi Co-Worker Teacher
 Volunteered for Agency Other, _____
2. How long have you known the applicant? _____
3. How would you describe this applicant's people skills? _____
4. How would you describe this applicant's work habits? _____
5. How would you describe this applicant's ability to work with others? _____
6. How would you describe this applicant's overall attitude? _____
7. Would you recommend the applicant for volunteer placement with the MURDOCK Study? _____
8. Are you aware of any factors that may interfere with the performance of the applicant? _____

9. Additional Comments: _____

Reference Signature: _____ Date: _____

Thank you for your time in completing this confidential volunteer reference.

For Office Use Only ~ Date Reference returned: _____
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