Student Nurse Volunteer Application and Placement Process

Thank you for your interest in volunteering at University of Colorado Hospital. Volunteers play an important and meaningful role in providing amazing service to patients and their loved ones. We hope you find your experience here to be valuable and worthwhile. Below please find the volunteer onboarding process.

1. Complete the attached application and background check forms. Additionally, we need 2 references. (Please print out two copies.) Your reference forms may not be completed by a relative. We prefer references from supervisors, teachers, co-workers or someone who has known you for a long time. We must receive these references before you may begin volunteering.

2. You may scan and email your application and references to: jennifer.ricklefs@uchealth.org. Please do not email your background check form. You may also FAX it to 720-848-1885 or mail it in.

3. **Call Jenny at 720-848-4068 to schedule a one hour interview.** Please bring your background check form to the interview. At that time we will discuss your application, schedule availability, and any questions you might have about becoming a Volunteer Student Nurse for our Acute Care of the Elderly Unit (ACE.)

4. Attend a mandatory 3½ hour orientation. These are held two times each month.

5. Complete a Health and Drug Screen (30 minutes) with University of Colorado Hospital’s Occupational Nurse at our Employee Health office. There is no charge to you. (During flu season, you must have a flu shot to volunteer.)

6. Once we have received the results of your background check, you’ve completed orientation and a health screen, and we’ve received two references, your volunteer placement will be made.

We look forward to meeting you and welcoming you to our team of volunteers making a difference at the University of Colorado Hospital. If you have any questions, please feel free to send an email to jennifer.ricklefs@uchealth.org.

**Volunteer Services Department**

Jenny Ricklefs, Manager 720 848-4068 Jennifer.Ricklefs@uchealth.org
Deb Peek, Volunteer Coordinator 720 848-4070 Debora.Peek@uchealth.org
Student Nurse Application

Date___________

Personal Information

* First Name: _________________________________________ M.I. _____
* Last Name: _________________________________________
* Address: ______________________________________________________________________
* City: ______________________________ * State: ______ * ZIP Code: __________
* Home Phone: __________________________
* Cell Phone: __________________________
* Work Phone: __________________________
  * Email: ______________________________
* Birthdate: __/__/______

What is the best way to contact you (check one):

☐ Home Phone               ☐ Work Phone
☐ Email                    ☐ Cell Phone

* Emergency Contact: __________________________________

* Relationship: ______________________________
  * Home Phone: __________________________ * Cell: __________________________
  * Work Phone: __________________________

Why do you wish to volunteer at University of Colorado Hospital in the Student Nurse program?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List any previous volunteer experience.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
**Education**

Last year of High School completed: ___________  Graduation date: ___________

College number of years completed: ___________  Graduation date: ___________

School Name: _______________________________________________________________

Undergraduate degree/major: ___________________________________________________

Graduate degree/major: _________________________________________________________

CNA ______ yes ________no

**Employment Status**

Select your employment status:

- [ ] Employed  - [ ] Unemployed  - [ ] Retired  - [ ] Student

Employer’s Name: ___________________________________________________________

Occupation/Profession: _______________________________________________________

- [ ] Monday  - [ ] Tuesday  - [ ] Wednesday  - [ ] Thursday  - [ ] Friday  - [ ] Saturday  - [ ] Sunday

**Availability:**

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Volunteer Background Check

University of Colorado Hospital is authorized to do background investigations on me for possible volunteer consideration. University of Colorado Hospital shall not be violating my right of privacy in any manner by running a background check. This serves as authorization for the release of information from any and all agencies or facilities.

Signature: ___________________________________________ Date: ____/____/____
(Please Print Legibly)

First Name: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___             

FOR OFFICE USE ONLY

Date Sent: _________ By: ___________________ PC #: _________ Date Returned: ________

DO NOT FAX—BRING TO INTERVIEW
VOLUNTEER REFERENCE

A combination of personal and professional references is preferred. References may be from people you know from school professors, long-time friends, co-workers, supervisors you have worked with or people you know from community activities. Please be aware, we will likely contact them. **No references from relatives will be accepted.**

I give my permission for the information requested below to be released the Volunteer Services at the University of Colorado Hospital.

________________________________            _______________________________            __________
Volunteer’s Name (Please Print)                    Volunteer Signature                        Date

Dear Volunteer Applicant Reference:

Thank you for taking your time to be a reference. Please provide **detailed** answers to allow us to get to know the applicant. Please return this form **within 10 days**. Your responses will allow us to better assess the person’s ability to fulfill the responsibilities involved in our volunteer program. All information is confidential. Thank you again.

• How long have you known this person and in what capacity?

• Tell us about your experience with this person and their reliability. When have you found them to be trustworthy?

• Tell us about this person’s ability to maintain confidentiality, especially patient information.

• Explain how you believe this person would be good at dealing with the patients, staff and visitors.

• Do you believe this person will complete their full commitment of 100 hours?

• Please feel free to provide any additional information that might be useful in evaluating the volunteer applicant.

_____________________________              ________________________            __________
Name (Please Print)                                 Signature                        Date

(____)_______-______________  ________________________
Phone Number                             E-mail

**Please Return To: Volunteer Services**, University of Colorado Hospital, 12605 E. 16th Ave., Mail Stop F771
Aurora, CO 80045    Fax: 720 848-1885    Scan/email: Debora.Peek@uchealth.org