VOLUNTEER SERVICES APPLICANT
PLACEMENT INTERVIEW FORM

Volunteer Name ________________________________ Title of Position ________________________________

Day Phone __________________________ Evening Phone __________________________ Fax ________________

Supervisor Name ________________________________

Department Name ________________________________

Department Location ____________________________ Affiliate ____ JHH _____JHU _____SOM

Interviewer ________________________________ Extension ______________ Date of Interview ______________

(Please Circle) New Volunteer Returning Volunteer

POSITION DESCRIPTION (Circle all that apply) Admin Lab Patient Contact Research

Will your volunteer have contact with patients? ______ _Yes _______ No

Please circle the type of Patient Information your volunteer will encounter during the course of their services:

- Name
- Address
- Date of Birth
- Admission Date
- Discharge Date
- Telephone #
- Fax #
- Finger or Voice Prints
- Web URL
- Email Address
- Social Security #
- Medical Record #
- Health Plan Beneficiary #
- Account #
- Certificate/License #
- Vehicle Serial #
- Device Identifiers or Serial #
- Photographic Images
- Any characteristics that uniquely identify patient

Will your volunteer speak with patients on the phone? ______ _Yes _______ No

Will your volunteer need computer access? ______ _Yes _______ No

To what JHMI system/database will your volunteer need access? ________________________________

ASSIGNED AREA ________________________________ VOLUNTEER’S EXTENSION ________________________________

ASSIGNED SCHEDULE (days/times) ________________________________

SUPERVISOR (print) ________________________________ EXT. ______________ FAX ______

E-MAIL ADDRESS ________________________________

SUPERVISOR SIGNATURE ________________________________

VOLUNTEER SIGNATURE ________________________________

DESCRIPTION OF DUTIES ________________________________

START DATE __________________________ END DATE __________________________

---------------------------------------------------------------------------------- FOR OFFICE USE ONLY  --------------------------------------------

☐ Initial interview with Department of Volunteer Services   ☐ Preplaced

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