

SIU School of Medicine "Elder Specialists" Program Volunteer Services Application Form

| | |
|--|---------------------------|
| Name: | |
| Address: | |
| City/State/Zip: | |
| Home Phone: | Cell: |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Race/Ethnic Background: |
| Age: | Date of Birth (MM/DD/YY): |
| Person to Contact in case of Emergency: | |
| Contact City/State/Zip: | |
| Contact Telephone: | Relationship: |
| Are you able to get around in the community independently? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Do you drive? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, list any driving restrictions: | |
| EDUCATION: | |
| <i>Please check Schools Completed:</i> | |
| High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Nursing School <input type="checkbox"/> Technical School <input type="checkbox"/> | |
| <i>Professional Licenses or Certificates:</i> | |
| EMPLOYMENT: | |
| Are you Retired? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, at what age did you retire? | |
| What type of work did you do previously? | |
| Many retired people continue to work for a variety of reasons including financial, to develop new skills or talents, to stay active, or to continue social interactions. These new commitments may be full-time or part-time, and may be in a paid or non-paid position. Are you currently working? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

If you are currently working, is this position: *Part-Time* *Full-Time* *Number of hrs. worked per wk.:*

If you are working, please list:

Are your work hours flexible? Yes No

What days of the week would work best for you to participate as an Elder Specialist?

Mon. Tues. Wed. Thurs. Fri. No preference

What type of work do you do?

This program may involve evening activities; would this present a problem for you? Yes No

Do you volunteer elsewhere in the community? Yes No

If so, please indicate where:

What types of activities/hobbies/interest do you enjoy?

Why would you like to participate in this program?

Each Elder Specialist brings unique talents, skills, and experiences to this Program. How do you foresee your participation in this program benefiting medical students?

MEDICAL INFORMATION *(Please complete the medical information which you are comfortable sharing.):*

All questions attained in this application will be treated as confidential under the guidelines of the HIPPA of 1996 and utilized only for educational purposes set forth by faculty of SIU School of Medicine. No names pertaining to this educational material will be disclosed without prior permission from the applicant. At any time an applicant may withdraw their application from circulation and all information will be disposed of in accordance with institutional confidentiality practices.

Do you consider yourself healthy? Yes No

Briefly Explain:

Have you undergone any previous surgeries? Yes No

If yes, briefly list procedure and year:

Briefly describe your general past medical history/chronic (continuing) medical condition(s):

Do you have any allergies? Yes No

If yes, briefly explain:

Review of Systems

Briefly explain any changes or related complications with any of the following:

Eyes:

Do you wear corrective glasses or contacts? Yes No

Ears/Nose/Throat:

Do you wear hearing aids or use assistive hearing devices? Yes No

Skin:

Cardiac (heart):

Pulmonary (lung):

Endocrine (hormone, glandular, pancreas; associated organs liver/gallbladder):

Have you been diagnosed with diabetes? Yes No

Gastro Intestinal (stomach, intestinal tract, bowel habits):

Genito Urinary (reproductive organs, bladder, urinary tract, urinary habits):

Musculoskeletal (bones, joints, muscles):

Neurological (nerves, spinal cord, brain):

Have you ever suffered a stroke or TIA (mini stroke)? Yes No

Have you been diagnosed with dementia, Alzheimer's, multiple sclerosis, or other neurological deficits?
Yes No

If yes, briefly explain:

Psychological (such as anxiety, depression, bipolar disorder, schizophrenia or other mood change illnesses):

Heme/Lymph (blood or infectious disorders):

Family History: Briefly explain any pertinent family medical history – Biological Father/Mother/Siblings:

Social History

Marital Status: Married Single Widowed Divorced No. of Children:

Briefly explain your current social history:

Briefly describe your living arrangements:

Have you or do you anticipate providing assistive care for a loved one? Yes No

If yes, briefly explain:

OTHER:

List any additional information you feel would be helpful:

If you could tell future physicians just ONE thing to help them in their practice with older patients, what would it be? Why?

Some Elder Specialists may be presenting information and interacting with SIU School of Medicine students and faculty. What is your level of comfort when speaking in such situations? (Select the appropriate number)

Comfortable

Uncomfortable

1 2 3 4 5 6 7 8 9 10

I would prefer NOT to *make such presentations.*

Statements

The information you provide to medical students during discussions is confidential, however, it may be used in log entries and/or program evaluation. Log entries will only be reviewed at a Program level to ascertain that objectives of the program are being met. Information for program evaluations will only be used in aggregate form without identifying individuals or the personal information provided.

- Do you agree to allow students to use her/his discretion in making log entries of materials exchanged during your discussions? Yes No

- Do you agree to allow SIU School of Medicine to use information you provide in program evaluation efforts, understanding that this information will only be used in aggregate form and all reasonable measures will be taken to ensure confidentiality of personal information and program participation?
Yes No

- Do you agree to allow your photograph to be taken and utilized in program evaluation and/or recruitment efforts? Yes No

I have read and understand the above information and have completed this application form providing factual information for the Elder Specialists Program. I understand that this is a volunteer position and that no remuneration will be provided. I agree to work within the guidelines of the Elder Specialists Program.

Signed: _____

Date: _____

**Return this completed form to:
Chris Reavis, MS,
Director, Elder Specialist Program,
SIU School of Medicine,
PO Box 19622,
Springfield, IL 62794-9622**

Office Use Only:

Date of Application: _____

Confirmed: _____