



**FRANCISCAN**  
MISSIONARIES OF OUR LADY  
**UNIVERSITY**

## **RADIOLOGIC TECHNOLOGY PROGRAM VOLUNTEER INSTRUCTIONS**

**We are excited about your interest in the Radiologic Technology profession and our program. Volunteer/Shadow hours are important to understand what is involved in the profession and deciding if this field is a good fit for you and your future.**

**It is required that you have documentation of 50 hours volunteering as well as observation of a number of procedures and exams that are performed by Radiologic Technologists on a daily basis.**

**You need to volunteer at a facility that performs the multitude of exams required. This generally needs to be a hospital, whereas clinics and outpatient facilities do not perform the range of procedures needed.**

**If you plan on volunteering at Our Lady of the Lake Regional Medical Center, see the enclosed form with the application instructions. If you would like to volunteer at a different facility, you should contact the Volunteer Services department to determine their process.**

**Volunteer hours are due by March 15<sup>th</sup> each year with the clinical application. Please submit documentation to the FRANU office of admissions. It is highly recommended to make a copy of the volunteer packet for your records. Documents may be purged from an applicant's file after a year. It is recommended that you begin the process well before this deadline. There is a lengthy procedure for approval to volunteer and the closer it gets to the deadline, the hospital may not be able to accommodate everyone needs.**

**Enclosed is a form to document your hours, a procedure list that needs to be logged, as well as an evaluation form to be completed by someone at the facility where you volunteer. You need a separate evaluation for each facility you have documented time. Preferably from the technologist you have spent the most time with. You do not need an evaluation for each department you visit, just for different facilities.**

The amount of involvement that you can have as a volunteer is going to vary from site to site and it is up to you to find out just how much involvement is allowed. You need to make the most of your experience wherever you are. It is never acceptable to be on your cell phone or sitting in a chair while technologists are performing exams that you could be observing. You should be actively shadowing the technologist, asking questions, and being as involved as the site allows you to be. Each facility is going to evaluate you on the following areas:

1. Dependability
2. Appearance
3. Communication Skills
4. Interest
5. Attitude
6. Ethics
7. Empathy

Lastly, they will rank whether they would recommend you with or without reservations or if they would not recommend you at all as a student in our program.

We hope that you have a pleasant experience performing your volunteer hours and that you find Radiologic Technology to be an exciting profession that you want to pursue.

Franciscan Missionaries of Our Lady University  
Radiologic Technology Program

**\*OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER\*  
VOLUNTEER SERVICES INSTRUCTIONS**

**Go to <https://ololrmc.com>**

**Click on give/support (Bottom of page)**

**Click volunteer (left)**

**Scroll down to bottom**

**Click How to Apply**

**Click Fill out an online application**

**This brings you to “my volunteer page”**

**Sign in as NEW and fill out info**

**Save and Continue**

**On 2<sup>nd</sup> page of form under Assignment Preferences**

**Top 1-3 choices should be clicked to RADIOLOGY**

**Put your availability**

**Need to fill out all other “flagged” information to have it complete**

**\*Usually takes about 2 weeks to process.**

**If you have not heard anything in 2 weeks, please go to Volunteer Services at the hospital and check the status of your application.**

**\*It is difficult to reach them by phone and you should not keep waiting if no one returns your call. Be proactive.**





**RADIOLOGIC TECHNOLOGY PROGRAM  
PROCEDURE LIST**

**Student's Name:** \_\_\_\_\_

**Clinical Site and Phone Number:** \_\_\_\_\_

**Students must observe the following procedures. A technologist must sign and date by each exam to verify the student actively shadowed them during the exam or activity.**

<u>Exam/Activity</u>	<u>RT Signature/Date</u>
1. Upper/Lower Extremity	_____
2. Abdomen	_____
3. Chest	_____
4. Venipuncture	_____
5. Upper GI	_____
6. Barium Enema	_____
7. Other Fluoro Exams	_____
8. Trauma Procedure	_____
9. Portable/Mobile Exam	_____
10. Pediatric Procedure	_____



**PROCEDURE LIST CONTINUED**

- 11. Computed Tomography Procedure** \_\_\_\_\_
- 12. Nuclear Medicine Procedure** \_\_\_\_\_
- 13. Magnetic Resonance Procedure** \_\_\_\_\_
- 14. Patient Transportation** \_\_\_\_\_
- 15. Processing or Manipulating Image** \_\_\_\_\_
- 16. RT Manipulating Mobile Equipment** \_\_\_\_\_
- 17. RT Analyzing Image for Quality** \_\_\_\_\_
- 18. RT Acquiring a Patient's History** \_\_\_\_\_
- 19. RT and Radiologist/PA Working as a Team** \_\_\_\_\_
- 20. RT Explaining a Procedure to a Patient** \_\_\_\_\_



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**RADIOLOGIC TECHNOLOGY PROGRAM  
VOLUNTEER EVALUATION FORM**

**I. This section to be completed by the applicant:**

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Applicant's Name (Last, First, MI)

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D.O.B.

Contact Number

***Waiver of Accessibility:***

I understand that this evaluation will be confidential, and I waive my right to read it.

Applicant's signature: \_\_\_\_\_

I **DO NOT** waive my right to read this evaluation.

Applicant's signature: \_\_\_\_\_

**\*Have this form completed by someone at each facility where volunteer hours were obtained. Preferably the technologist that you have spent the most time with. You do not need a separate evaluation for each department you participate in, just each different facility.**



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**RADIOLOGIC TECHNOLOGY PROGRAM  
VOLUNTEER EVALUATION FORM**

**II. This section is to be completed by the person providing the evaluation:** The student named above is applying for acceptance to the Radiologic Technology Program at Franciscan Missionaries of Our Lady University. Please complete the following evaluation based on their time volunteering at your facility.

**Name of Facility** \_\_\_\_\_

**Type of Facility** \_\_\_\_\_

**STUDENT CHARACTERISTICS**

**Please read the characteristic and definitions, then rate the student according to the description that best describes his/her participation at your facility.**

**A. Dependability – Reliability, Trustworthiness**

- 3. Punctual, consistent
- 2. Calls to reschedule on occasion
- 1. Inconsistent, fails to show
- X. Not observed

**B. Appearance – Outward Presence**

- 3. Clean, neat, appropriate
- 2. Too casual, wrinkled
- 1. Dirty clothing or excessive accessories
- X. Not observed



C. Communication – Written, spoken or non-verbal exchange

3. Calm, clear, appropriate eye contact
  2. Brash, unclear, inconsistent
  1. Obnoxious, inappropriate, poor eye contact
- X. Not observed

D. Interest – Concerned with occurrences in department

3. Asks questions, discusses issues
  2. Quiet, listens when spoken to, few questions
  1. Easily distracted, poor attention to task
- X. Not observed

E. Attitude – Mental posture

3. Alert, positive, confident, respectful
  2. Focused on self, familiar, opinionated, shy
  1. Egotistical, narrow minded, intolerant
- X. Not observed

F. Ethics – Conducts themselves appropriately

3. Demonstrates integrity, respectful to all patients
  2. Inappropriate behavior
  1. Disrespectful to patients and others
- X. Not observed

G. Empathetic – Shows concern

3. Respectful, speaks to patients, compassionate
  2. Speaks to RT, mainly stands back
  1. Little interaction with patients
- X. Not observed

Strongly recommend     Recommend     Recommend with reservation  
 Do not recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Directions:** Place form in sealed envelope, sign your name over the seal and return it to the applicant for inclusion with their application. If you prefer to forward directly to the University, please mail to:

Franciscan Missionaries of Our Lady University  
Office of Admissions  
5414 Brittany Drive  
Baton Rouge, LA 70808