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 15th 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
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 2nd 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
VOLUNTEER HOURS DOCUMENTATION

Student’s Name: _____________________________________________________________

Clinic Site and Phone Number: ______________________________________________

Students are required to complete 50 hours of volunteer service in a Radiologic Technology department. A technologist must sign the student in and out for each visit and document the number of hours completed each day.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th># HOURS</th>
<th>RT Signature</th>
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________________________________________________________________________
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.

<table>
<thead>
<tr>
<th>Exam/Activity</th>
<th>RT Signature/Date</th>
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<tbody>
<tr>
<td>1. Upper/Lower Extremity</td>
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<td>2. Abdomen</td>
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<td>3. Chest</td>
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<td>4. Venipuncture</td>
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<td>5. Upper GI</td>
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<td>6. Barium Enema</td>
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<td>7. Other Fluoro Exams</td>
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<td>8. Trauma Procedure</td>
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<td>9. Portable/Mobile Exam</td>
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<td>10. Pediatric Procedure</td>
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</table>
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
I. This section to be completed by the applicant:

Applicant’s Name (Last, First, MI)

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.*
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