

**The Lake Norman Regional Medical Center Auxiliary accepts applications for Summer Junior Volunteers in February and March for the upcoming summer. The program will run for nine weeks during the summer school break. Mandatory program orientation will take place at the end of May. (All dates to be announced).**

**All potential volunteers must submit the attached application packet, which includes: application form, two teacher recommendations (returned in sealed envelopes with teacher's signature across the seal), personal references (references must be over 21 years of age), signed physician's health statement, immunization record, signed information release form and signed parental permission statement. Incomplete applications will be rejected. After receipt of application, the applicant will be contacted to schedule a personal interview (interviews take place in April).**

**The Junior Volunteer Committee must receive all completed applications by March 31. Completed applications can be mailed to: LNRMC Volunteer Auxiliary; Lake Norman Regional Medical Center, P O Box 3250, Mooresville NC 28117. Applications may also be returned to the Visitor's Desk (weekdays between the hours of 9 a.m. and 4 p.m.).**

**We look forward to meeting you!**

**Lake Norman Regional Medical Center  
Auxiliary Junior Volunteer Program**

## JUNIOR VOLUNTEER PROGRAM APPLICATION

The following information will help us to become better acquainted with you. We are especially interested in your qualifications and interests as a prospective volunteer. PLEASE PRINT.

Please complete this application and return by due date to; **Lake Norman Regional Medical Center Volunteer Auxiliary, Junior Volunteer Program, P O Box 3250, Mooresville NC 28117.**

### PERSONAL INFORMATION

First Name \_\_\_\_\_ M I \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Do You Drive? \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Have you worked/volunteered here before? \_\_\_\_\_

### EDUCATION

Circle current grade level: 9 10 11  
School attended this year \_\_\_\_\_ GPA or grade average \_\_\_\_\_  
Are you interested in a medical career? \_\_\_\_\_  
Have you taken any courses that relate to the medical field? \_\_\_\_\_  
List Courses: \_\_\_\_\_  
List any languages other than English you speak fluently: \_\_\_\_\_  
\_\_\_\_\_

### ACTIVITIES

List any clubs or organizations in which you are a member: \_\_\_\_\_  
\_\_\_\_\_

List any jobs you have held and any other volunteer activities you have participated in: \_\_\_\_\_  
\_\_\_\_\_



## MEDICAL

**Immunization Record:** (Complete with dates). You may attach a copy of your records in lieu of filling out this section.

Polio \_\_\_\_\_ Measles \_\_\_\_\_ DPT \_\_\_\_\_  
Tetanus \_\_\_\_\_ Rubella \_\_\_\_\_ Mumps \_\_\_\_\_

**Physician's Statement:** (Physician must sign this statement).

To the best of my knowledge \_\_\_\_\_ is in good health and able to perform volunteer activities at Lake Norman Regional Center.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## PARENTAL PERMISSION

**I understand that placement in the program is contingent upon satisfactory completion of all preplacement procedures, including timely completion of application, verification of references and grades, criminal background investigation, personal interview and orientation completion. Misrepresentation of the facts is cause for rejection of the application or dismissal from the program.**

**If accepted, my son/daughter has permission to participate in all aspects of the Junior Volunteer Program.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**I agree to abide by the rules and policies of the Lake Norman Regional Medical Center Auxiliary Junior Volunteer Program.**

Volunteer Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE AUTHORIZATION

In consideration of my application, I authorize *Lake Norman Regional Medical Center* by and through QPI to verify all data given by me on application, related papers or oral interviews. I understand a thorough investigation may be conducted, which may include but not be limited to criminal history, motor vehicle driving record, education verification, employment history, credit report and personal history. I hereby authorize employers, agencies, personal references and other persons with whom I am acquainted to answer all questions and release all information concerning my employment record, character, reputation, ability, education military service, credit history and other applicable reports. Furthermore, I release all agencies, bureaus, employers, information service organizations and individuals or companies named above from all liabilities that might result from information provided in good faith. I state that the information provided by me on my application is accurate, and I agree that if any information therein is found to be false at any time, my application may be discarded or my employment terminated. I understand that the information requested below regarding sex, race and date of birth are for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of the law. A facsimile (FAX) or photocopy of this authorization shall be as valid as the original.

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*Applicant' s Full Name*

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*Social Security Number*

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*Maiden/Other Name Used*

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*DL Number and State*

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*Current Address (street)*

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*Birthdate Sex Race*

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*City State Zip*

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*Applicant Signature*

*List all previous addresses (other than that above) for the past seven years:*

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*Street Address*

*City*

*State*

*Zip*

**LAKE NORMAN REGIONAL MEDICAL CENTER  
JUNIOR VOLUNTEER PROGRAM**

**TEACHER RECOMMENDATION FORM**

**To the Applicant:** If this application has been e-mailed to you, be sure to copy 2 (two) teacher recommendation forms, as the application requires that 2 recommendations be turned in.

**To the Evaluator:** Participation in the Junior Volunteer Program requires a high level of energy and commitment. Students must be responsible, mature and able to work independently. Therefore, we appreciate honest evaluations and assessments of the applicant. Students are accepted into the program based on their application, interview, teacher recommendations, references and space available in the program.

Please complete this form and return it to the student in a sealed envelope, with your signature across the seal.

Applicant's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Subject taught to student \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

**Rate the student on the following qualities as E (excellent), G (good), F (fair), or P (poor). Please give accurate assessments.**

1. Conduct. Extent to which the student observes good standards of school conduct and obeys school regulations. \_\_\_\_\_

2. Cooperation. Extent to which the student works in harmony with the class and teacher. \_\_\_\_\_

3. Responsibility. Extent to which the student accepts responsibility for his work and behavior without blaming others. \_\_\_\_\_

4. Diligence. Extent to which the student works purposefully and without wasting time. \_\_\_\_\_

5. Attention. Extent to which the student pays attention and follows instructions. \_\_\_\_\_

6. Communication Skills. Extent to which the student speaks correctly and effectively. \_\_\_\_\_

7. Initiative. The student's resourcefulness and self reliance in dealing with new situations. \_\_\_\_\_

8. Courtesy. Does the student show respect for authority, accept supervision and treat others with kindness and tact. \_\_\_\_\_

9. This student maintains a neat appearance. Yes No (circle one)

10. If I were a patient, I would want this person to look after me. Yes No. (circle one)

Has the student been subject to any significant disciplinary action? Yes No (circle one)

If yes, please explain.

Please comment briefly on why you believe this young person would make a good Junior Volunteer.

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

The Lake Norman Regional Medical Center offer sincere thanks for taking the time to complete this recommendation thoughtfully. We work hard to maintain the program's high standards, and your input helps us to do so effectively.

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Please complete this form and return it to the student in a sealed envelope, with your signature across the seal.

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Teacher's Name \_\_\_\_\_  
Subject taught to student \_\_\_\_\_  
School \_\_\_\_\_ Phone \_\_\_\_\_

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