

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 by March 31 and return it to:
**Junior Volunteer Program, Lake Norman Regional Medical Center,
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: 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: _____

What activities do you have planned for the upcoming summer?

Vacation: (List Dates)

Camps: (List Dates)

Work: Where? When?

Other (Clubs, driver's education, other volunteer positions):

CHARACTER

Please write a paragraph (at least 100 words) stating your reasons for wanting to become a volunteer at LNRMC. (Use the reverse side of this page or attach a separate response).

RECOMMENDATIONS AND REFERENCES

Teacher Recommendations: Please have two current teachers fill out the attached teacher recommendation forms and place them in sealed envelopes with their signatures across the seals. Return them with your completed application. RETURNING JUNIOR VOLUNTEERS DO NOT NEED TEACHER RECOMMENDATIONS.

Personal References: (Must be at least 21 years of age and not a relative; past employers, work associates, clergy etc.).

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

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 _____

IF YOU HAVE QUESTIONS ABOUT THE PROGRAM OR THE APPLICATION, Please call Jules Fawbush at (502) 645-2935.

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.

Applicant's Full Name

Social Security Number

Maiden/Other Name Used

DL Number and State

Current Address (street)

Birthdate Sex Race

City State Zip

Applicant Signature

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

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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