

Junior Volunteer 2019 Summer Program Application

(This is a 9 week program starting June 10th and ending August 9th)

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

Please return this **completed** application by **4pm, April 1, 2019.** **LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Return to: Peggy Cothran, Junior Volunteer Program, Lake Norman Regional Medical Center, P .O. Box 3250, Mooresville, NC 28117.

PERSONAL INFORMATION

First Name _____ MI _____ Last Name _____

Street Address _____ City _____

State ____ Zip Code _____ Birth Date _____ Home Phone _____

E-mail address _____ Cell Phone _____

Have you worked/volunteered here before? _____

Do you have reliable transportation? _____

EDUCATION

Circle current grade level: 10 11

School attended this year _____ GPA (NON-WEIGHTED) _____

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: _____

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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:

Will you be able to work regularly during the summer schedule? _____

What activities do you have planned for the upcoming summer? _____

Vacations (List Dates)

Camps: (List Dates)

Work: (List Schedule)

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

Have you applied to any other summer programs?

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RECOMMENDATIONS

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 seal. Return them with your completed application. **Returning Junior Volunteers who participated in the 9 week program in 2017 do NOT need teacher recommendations or interviews.**

CHARACTER

Use this page to type a paragraph stating your reasons for wanting to become a volunteer at Lake Norman Regional Medical Center. Use Times Roman 12, double spaced formatting please. No hand-written entries will be accepted.

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MEDICAL

Immunization Record: Please attach a copy of your immunization records to this application and complete the sections below with **dates and signatures.**

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 MEDICAL CENTER.

Physician's Signature _____ Date: _____

Emergency Contact (Relationship):

PARENTAL/LEGAL GUARDIAN PERMISSION

I understand that placement in the program is contingent upon satisfactory completion of ALL preplacement procedures, including timely completion of applications, 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:

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TEACHER RECOMMENDATION FORM

To the Applicant: If this application has been e-mailed to you, be sure to copy 2 (two) teacher recommendation forms. A complete application requires 2 (two) recommendation letters.

To the Evaluator: Participation in the Junior Volunteer Program requires a 32 hour, 9 week commitment. Students must be responsible, mature, committed to the program with high energy levels and 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, and space available within the program.

Please complete this form and return it to the student in a sealed envelope with your signature across the envelope seal please. Improperly sealed and signed recommendations will not be accepted.

Applicant's Name: _____

Teacher's Name: _____

Subject taught to student: _____

School: _____

We value teacher reflections of their student's commitment, responsibility, initiative, diligence, cooperation, communication, and personal skills critical to successful volunteering within the hospital environment. The LAKE NORMAN REGIONAL MEDICAL CENTER offers a sincere thanks for your thoughtful input in completing this recommendation. We work hard to maintain the program's high standards, and your input helps us do so effectively.

Teacher Signature: _____ **Date:** _____

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Please complete this form and return it to the student in a sealed envelope with your signature across the envelope seal please. Improperly sealed and signed recommendations will not be accepted.

Applicant’s Name: _____

Teacher’s Name: _____

Subject taught to student: _____

School: _____

We value teacher reflections of their student’s commitment, responsibility, initiative, diligence, cooperation, communication, and personal skills critical to successful volunteering within the hospital environment. The LAKE NORMAN REGIONAL MEDICAL CENTER offers a sincere thanks for your thoughtful input in completing this recommendation. We work hard to maintain the program’s high standards, and your input helps us do so effectively.

Teacher Signature: _____ **Date:** _____