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| Nancy Rogers  Volunteer Manager  910-291-7314 Office  910-291-6914 Fax  [nancy.rogers@scotlandhealth.org](mailto:nancy.rogers@scotlandhealth.org) |
|  |

**Scotland Health Care System**

2019 Junior Volunteer Application Packet

**Volunteer Services**

500 Lauchwood Drive

Laurinburg, NC 28352

(910) 291-7314

Dear Prospective 2019 Junior Volunteer,

Thank you for your interest in becoming a Junior Volunteer at Scotland Memorial Hospital! Enclosed is a Junior Volunteer Application. Please read carefully and return the application and all required supporting documents listed below. **The application and all supporting documents must arrive together, fully completed and signed. Please return to the Volunteer Services office no later than 4:30 PM, Friday, April 26, 2019 for consideration as a Junior Volunteer.**

The summer Junior Volunteer Program is a three-session program during the period June 17th through August 9th. Junior Volunteers are scheduled to work only one 2-week session and will be expected to completely fulfill one of the three sessions. Volunteer hours are Monday - Friday, 10 am to 2:00 pm typically, however could vary depending upon the department. Once accepted, Junior Volunteers are **required** to attend orientation on Wednesday, June 12th 10 am to 3 pm at the WR Dulin Conference Center. We will have our very first Junior Jamboree on August 14th. All Juniors are required to attend to receive their total hours worked. The time will be 6:00 pm in the Dulin Center.

**Junior Volunteer candidates:**

* Must be 14 years of age by May 30, 2019
* Should have at least a “C” average and good school attendance
* Be available the full 10 days of the 2-week program
* Application must be completed by candidate only (not by parents or friends)

**AND**

**Completed documents include:**

* Fully completed and signed application, including signature of parent/dependent
* Copy of most recent report card (2nd quarter grades acceptable)
* Two completed reference forms with names and signatures in separate, sealed envelope
* Copy of immunization records
* Forms checklist (located on page 12 of the application packet)

A selection committee will review all candidate requests meeting the above requirements. Candidates will be notified of their selection status by the third week of June. There is a limit of 50 Junior Volunteers to be accepted.

Thoughtful consideration as to personal schedules and prior commitments must be considered prior to volunteering. Lack of fulfillment may result in future disqualification.

We look for dependent to hearing from you!

**2019** **Junior Volunteer Application**

# Volunteer Services, Scotland Health Care System

500 Lauchwood Drive, Laurinburg, NC 28352

910-291-7314

# PLEASE PRINT NEATLY AND LEGIBLY Previous Volunteer \_\_ Yes \_\_ NO

# Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size (please circle) XS S M L XL 2X 3X 4X

Name

(First) (Middle Initial) (Last) (Name preferred to be called)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age \_\_\_\_\_\_\_(All Junior Volunteers must be 14 years old by May 30.)

School attending this year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in now\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School attending in the fall\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in fall \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF AN EMERGENCY NOTIFY:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Dependent) (Relationship) (Home Phone) (Work/Cell Phone)

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Dependent) (Relationship) (Home Phone) (Work/Cell Phone)

## INTERESTS AND ACTIVITIES

Are you interested in a medical career? \_\_\_Yes \_\_\_No If yes, what field? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What previous volunteer experiences have you had? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any special activities at school, church, or elsewhere. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your hobbies, skills, and special interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about the Junior Volunteer program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name any friends or relatives working or volunteering at Scotland: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which sessions are you available: (June 17 – June 28) (July 8 – July 19) (July 29 – August 9) Please circle.

August 14th we will have a Junior Volunteer Jamboree beginning at 6:00 pm in the Dulin Center.

***Please keep in mind when choosing dates of vacations, band camp, drivers’ education and any other days that would keep you from completing your obligation.***

# STATEMENT OF UNDERSTANDING

Being a Junior Volunteer not only means a commitment to helping others, it also means a commitment to Scotland Memorial Hospital. This commitment means being reliable, dependable, responsible, willing to work where assigned and following through on assigned tasks. You must also be able to accept supervision and have the discipline to follow procedures and policies necessary to carry out an assignment.

### Can you make this commitment? Yes\_\_\_\_ No\_\_\_\_

*Application Not Complete Without Signature of Parent/Dependent*

PARENTAL/DEPENDENT SIGNATURE

If accepted, my dependent may serve as a volunteer at Scotland Memorial Hospital. By completing this application, I understand Scotland Memorial Hospital is not obligated to provide my child with a volunteer placement. I understand final placement is contingent upon satisfactory completion of all pre-placement procedures including verification of references and orientation. I realize that misrepresentation of facts will be cause for rejection of this application. I understand the responsibilities of being a volunteer and the commitment required, and if my dependent is accepted, I will help my child to comply with the rules and regulations. I agree to abide by the policies of Scotland Memorial Hospital.

**Signature of Parent/Dependent**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

*Application Not Complete Without Your Signature*

JUNIOR VOLUNTEER APPLICANT SIGNATURE

I authorize verification of all statements contained in this application for volunteer work and approval for the Volunteer Services office to check references. I understand that by completing this application that Scotland Health Care System is not obligated to provide me a placement. I understand that all volunteers represent Scotland Health Care System and as such, are subject to all requirements and regulations set forth by Scotland Memorial Hospital. I understand that if accepted I am making a commitment and will do my best to fulfill my duties as a volunteer diligently and will follow a schedule mutually agreeable to both Volunteer Services and me. I certify that the information given is true and correct to the best of my knowledge.

**Signature of Applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please hand-deliver this application and all supporting documents by 04/26/19 to:

**Volunteer Services**

**Scotland Health Care System**

**500 Lauchwood Drive**

**Laurinburg, NC 28352**

# CONSENT FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES

This will authorize my/our child/dependent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor to participate in such volunteer activities at Scotland Health Care System, Laurinburg, NC, as from time to time may be prescribed by the hospital’s Volunteer Manager or the designated representative. I (We) understand that my (our) child or dependent services are donated to the hospital without contemplation of compensation or future employment, and are given for humanitarian, religious or charitable reasons.

I (We) release Scotland Health Care System and its employees from any claim of liability for any damages, injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the hospital, while participating in such volunteer activities.

In the event said minor is in need of emergency medical treatment, I (we) authorize the Emergency Department physicians as my (our) agent to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of the hospital, whether such diagnosis or treatment is rendered at the office of said physicians or at said hospital. This authorization is given to provide in advance of any specific diagnosis, treatment, or hospital care being required, but is giving to provide authority and power on the part of my (our) aforesaid agent(s) to give specific consent to any and all diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

**Signature of parent of dependent**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECORD OF TUBERCULOSIS SCREENING**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS# \_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_/\_\_\_/\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Last Chest X-Ray: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever had:**

**1. Tuberculosis?**  Yes  No If yes, when and where were you treated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. TB Skin Test?**  Yes  No  Don’t Know If yes, was it positive?  Yes  No If positive, how long ago, and

where did you receive this test?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3**. **Been inoculated with BCG?**  Yes  No If yes, how long ago and where did you receive this inoculation? \_\_\_\_\_\_\_\_\_\_

**Please answer the following questions:**

**TB Risk Questionnaire**: **Check Yes or No**

1. Were you born outside the USA in one of the following parts of the  Yes  No

World: Africa, Asia, Central America, South America, or Eastern

Europe?

1. Have you traveled outside the USA and lived for more than one  Yes  No

month in one of the following parts of the world: Africa, Asia,

Central America, South America, or Eastern Europe?

1. Do you have a compromised immune system such as from any of  Yes  No

the following conditions: HIV/AIDS, organ or bone marrow

transplantation, diabetes, immunosuppressive medicines (e.g.

prednisone, Remicade), leukemia, lymphomas, cancer of the head

or neck, gastrectomy or jejeunal bypass, end-stage renal disease

(on dialysis), or silicosis?

1. Have you ever done one of the following: used crack cocaine,  Yes  No

injected illegal drugs, worked or resided in jail or prison, worked

or resided at a homeless shelter.

5. Do you work as a healthcare worker in direct contact with patients? Yes  No

**TB Symptom Questionnaire**

**Please answer the following questions. Do you currently have any of the following symptoms?**

1. Unexplained cough lasting more than 3 weeks?  Yes  No

2. Unexplained weight loss?  Yes  No

3. Unexplained appetite loss?  Yes  No

4. Unexplained fever?  Yes  No

5. Night sweats  Yes  No

6. Shortness of breath? Yes  No

7. Chest pain?  Yes  No

8. Unexplained fatigue?  Yes  No

**The above health statement is accurate to the best of my knowledge. I will notify Employee Health and see my MD and/or local Health Department if my health status changes.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Date**

Associate Health Department

500 Lauchwood Drive ~ Laurinburg, NC ~ 28352

(910) 291-7127 or (910) 291-7121 ~ Fax (910) 291-7564

**Photo Release of a Minor**

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of myself and the use of these photographs singularly or in conjunction with other photographs for advertising, publicity, commercial or other business purposes by SHCS and/or their marketing representative.

I further consent to the reproduction and/or authorization by SHCS to reproduce and use said photos for the use in all domestic and foreign markets.

I hereby release SHCS and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies their directors, officers, agents and employees from all claims of every kind in account of such use.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**For Minors**

I represent and warrant that I am the parent or legal dependent of said volunteer and consent to the agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Dependent Signature of Parent/Dependent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

### **Junior Volunteer Medical Release Form**

Teen Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Contact(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PARENT/DEPENDENT – Please check the appropriate statements

\_\_\_\_\_ I give permission for immediate emergency medical treatment. Notify me and/or any persons listed above as soon as possible.

\_\_\_\_\_ I **DO NOT** give permission for emergency medical treatment until I have been contacted.

List **ALL** allergies, medication reactions or other conditions that may need to be known in an emergency situation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for my dependent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate as a teenage volunteer at Scotland Health Care System.

Parent/Dependent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Applicant’s Agreement**

#### If accepted into the volunteer program, I agree to:

1. Uphold the mission, vision, and values of Scotland Health Care System and abide by the Code of Ethics. Abide by the Policies and Procedures of SHCS, the Volunteer Services Dept. and the department to which I am assigned.
2. Keep all patient information and hospital business completely confidential at all times.
3. Strictly adhere to the volunteer service guideline (job description) and be aware of volunteer limits and boundaries.
4. My lunch break is for a 30-minute period and I cannot leave the campus of the organization during this time.
5. I am expected to be courteous and helpful to patients, visitors, physicians, staff and volunteers within the organization. I will practice “good guest relations” at all times, and I will endeavor to be a good role model for my fellow Junior Volunteers.
6. I am expected to keep personal telephone calls to a minimum and will make necessary calls from the office of the Volunteer Services only. I understand that I am not to receive personal calls except from my immediate family. These calls will be received in the Volunteer Services Department only. Cell Phones ***cannot*** be used while on duty. You will be given one warning and if caught again ask to leave and not return.
7. Refer any problems, criticisms, or suggestions to the Volunteer Office.
8. Carry out assignments according to the schedule agreed upon and call in advance when unable to work as scheduled.
9. Maintain a professional appearance (appropriate uniform and well groomed appearance) and demeanor while on duty
10. Attend mandatory orientation and training as scheduled.
11. I am expected to perform the work assigned to me to the best of my ability. If I have questions concerning my work, I will ask my supervisor. I will discuss other concerns with the Volunteer Coordinator.
12. If sent on an errand, I am expected to return to my workstation as soon as the errand is complete. If I am released from my assigned area before the end of the shift, I will return to the Volunteer Services office for reassignment
13. I am expected to be on time and will notify the Volunteer office if I am unable to come in to work because of illness or other personal reasons.
14. I understand that if my behavior is deemed unprofessional, I am subject to dismissal from the Junior Volunteer Program.

I have read each of the above conditions and agree to be bound by them.

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

Parent/Dependent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher Reference Form #1**

For Junior Volunteer Applicants

The following student has expressed an interest in becoming a part of the summer program for Junior Volunteers at Scotland Health Care System. These youth provide patient care assistance and clerical support in various departments of the facility. Although they are supervised, they are expected to be dependable, honest, and truly interested in the program.

Applicants were told that the requirement for acceptance was a character reference from their school counselor.

Please assist us by evaluating this prospective applicant. Thank you in advance for your assistance and support of this program. Your ***prompt*** reply will be greatly appreciated, as we need this form in order to process the application. Please call 291-7314 if you have questions.

**Reference for**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the level of performance that reflects your opinion of this student.**

**Characteristic Excellent Good Fair Poor**

1. Communication: Gets along with others \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
2. Dependability: trustworthy, follows through \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
3. Attitude: positive, cheerful, willing to assist \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
4. Appearance: neat, good personal hygiene \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
5. Personal Values: honest & good character \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
6. Leadership: takes initiative, respected by peers \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
7. Potential: personal goals, high achiever \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

I recommend this student for the Scotland Junior Volunteer program YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teachers signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

## Please return to student in a sealed envelope with your signature across the flap.

**Teacher Reference Form #2**

For Junior Volunteer Applicants

The following student has expressed an interest in becoming a part of the summer program for Junior Volunteers at Scotland Health Care System. These youth provide patient care assistance and clerical support in various departments of the facility. Although they are supervised, they are expected to be dependable, honest, and truly interested in the program.

Applicants were told that the requirement for acceptance was a character reference from their school counselor.

Please assist us by evaluating this prospective applicant. Thank you in advance for your assistance and support of this program. Your ***prompt*** reply will be greatly appreciated, as we need this form in order to process the application. Please call 291-7314 if you have questions.

**Reference for**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the level of performance that reflects your opinion of this student.**

**Characteristic Excellent Good Fair Poor**

1. Communication: Gets along with others \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
2. Dependability: trustworthy, follows through \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
3. Attitude: positive, cheerful, willing to assist \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
4. Appearance: neat, good personal hygiene \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
5. Personal Values: honest & good character \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
6. Leadership: takes initiative, respected by peers \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
7. Potential: personal goals, high achiever \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

I recommend this student for the Scotland Junior Volunteer program YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teachers signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

## Please return to student in a sealed envelope with your signature across the flap.

YOUR Volunteer Application Checklist: HAVE YOU COMPLETED AND ATTACHED THE FOLLOWING?

( Check off to be sure your application is complete!)

\_\_\_\_\_Application \_\_\_\_\_ Immunization Record

\_\_\_\_\_Parent Signature \_\_\_\_\_Medical release \_\_\_\_\_ TB Form

\_\_\_\_\_Report Card \_\_\_\_\_2 (Two) Teacher/Counselor References

\_\_\_\_\_Consent for Minor \_\_\_\_\_Photo Release \_\_\_\_\_Applicant Agreement ncr 08/14/14, 02/24/15, 02/23/16, 01/23/2018, 03/02/18, 03/2019

**For Office Use Only:**  
Application Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Uniform:** **If you are accepted in the program you will be notified by mail. We no longer supply the red smock top. We do have some that we will sell for $10.00, on a first come basis. Information about purchasing a uniform top will be provided in the acceptance letter.**

Your uniform will consist of your Junior Volunteer shirt, long tan/stone/khaki/black skirt or pants and tennis shoes. (Pants are to reach the top of your shoes. (You **may not** wear capris, shorts, or jeans.) Please wear your long khaki/black/stone/tan pants to orientation. (All shoes must be closed toed.)

**Please wear you uniform to orientation, we will be taking a group picture.**