



January 2, 2012

Dear Student:

Thank you for your interest in participating in our 2012 Youth Summer Volunteer Program. This is an exciting and rewarding program that lasts 8 weeks. Please read the below information carefully as it contains important information about the student volunteer program. **You must be at least 16 years old to volunteer with our summer program. Please visit our website: www.nfultonhospital.com/volunteer under the student volunteer section to review important dates for the summer program.**

Complete the enclosed application and return in a sealed envelope by **March 2, 2012**. Only completed applications will be considered. If your application is not complete, you will not be contacted for an interview. We will call you after the application deadline to start scheduling interviews. The application consists of 5 items. All five items must be included in the sealed envelope.

- 1) Application
 - 2) Parent's Agreement
 - 3) Counselor's Recommendation
 - 4) And 5) **Two** Letters of Recommendation (Must be a teacher, counselor, coach, church member, employer, etc. No family members please.)
- The number of volunteers we can accept for the summer program is limited.
 - The program starts May 30th and will last 8 weeks.
 - Six four hour shifts must be served in order to complete the program.
 - There will be a **mandatory orientation** that all volunteers have to attend. **The date of orientation is May 30th, 2012**. If you are unable to attend the entire orientation and complete 6 of the 8 week program, please do not apply. More details will be provided at your interview.

If you have any further questions about our program, please contact the volunteer coordinator, Millie Johnson, at 770-751-2602 or Millie.Johnson@tenethealth.com

**NORTH FULTON HOSPITAL
APPLICATION FOR STUDENT VOLUNTEER PROGRAM**

Must be at least 16 years old

Please print neatly

Name: _____ Date: _____

Address: _____ Home Phone: _____

City _____ Zip Code _____ Cell Phone: _____

Email Address: _____

Parent's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

School: _____

Grade: _____ School Phone: _____

Date of Birth: _____ Age: _____

Special Interests: _____

Honors or Organizations: _____

Do you have an interest in a Health Care related career? If yes, explain: _____

At North Fulton Hospital you would be working in an atmosphere which deals with the welfare of others. Mature behavior would be expected of you at all times. You would be expected to be here when you are scheduled and on time. The orientation is MANDATORY. If you are unable to attend orientation, you will not be allowed to volunteer. When absences are unavoidable, you MUST notify your department of service as soon as possible. Excessive absences may result in your being asked to surrender your time slot to another volunteer on our waiting list.

Please sign below if you agree to comply with all the requirements and regulations (if you are selected as a Student Volunteer)

X _____

(SIGNATURE OF STUDENT VOLUNTEER)

PARENT'S AGREEMENT

I hereby permit my son/daughter _____
(Please print student's name)

to participate in the Student Volunteer Program at North Fulton Hospital. I realize the responsibilities of the organization and will cooperate with my son/daughter to comply with the rules and regulations which have been adopted. I will assume responsibility for his/her transportation.

In the event of a medical emergency, I permit the physicians in the Emergency Department of North Fulton Hospital to treat my son/daughter.

Date

Parent's Signature

PLEASE LIST ANY ALLERGIES OR CHRONIC ILLNESSES:

Dear Counselor:

_____ has applied for membership in the Student Volunteer Program at North Fulton Hospital. Would you please comment on the Student's records in the following areas?

Student's Cumulative GPA (must be 3.0 or above) _____

Conduct?

Ability to follow instructions:

Tardiness?

Absenteeism?

Would you recommend this student for our Volunteer Program at North Fulton Hospital?

Counselor's Signature

Name of School

I authorize my counselor to release the information required.

Signed: _____ Date: _____