



Harnett Health

Information for Junior Volunteer Applicants and Parents /Guardians:

Our Junior Volunteer Program allows students of ages 14-18 to contribute in meaningful ways to the patients and staff of Harnett Health while learning about healthcare, volunteerism and good work habits.

Each applicant must submit the following items to be considered for our program:

- **Junior Volunteer Application**
- **300 Word Essay**
- **2 Teacher Recommendation Forms**
Homeschooled applicants may submit two letters of recommendation from two adults (non-relatives) over the age of 21.
- **Track Selection Form**

All applications must be received by Friday, March 31st - there will be **No Exceptions!**

Once applications have been reviewed, all applicants will receive a letter notifying them of their acceptance. Due to space limitations of our program, not all applicants will be selected. Those selected will be required to attend a meeting with Volunteer Services to complete required paperwork and orientation. A uniform shirt and other material will also be provided during this meeting.

We appreciate your interest in the Junior Volunteer Program at Harnett Health. I will be happy to assist if you have any questions or concerns.

Sincerely,

Amanda Faircloth, Coordinator
Harnett Health- Volunteer Services
910.892.1000 x4088 / x4080
amanda.faircloth@harnetthealth.org

Last: _____ First: _____ Mi: _____

Shirt Size: _____



Harnett Health

Junior Volunteer Application

Please mark the location you wish to volunteer:

____ Betsy Johnson Hospital

____ Central Harnett Hospital

Birth Date ____/____/____ Age ____ Current Grade Level ____ (Must be 14 years old by June 1st).

Mailing Address _____ NC _____
(Street Address) (City) (Zip Code)

Phone # (____) ____-____ (Home) (____) ____-____ (Cell)

E-mail Address (highly recommended for faster communication) _____

Current School _____

Parent(s)/Guardian Name & Phone numbers:

(1) _____

(2) _____

In case of an emergency notify: Name & Phone # _____

Do you have relatives or close acquaintances that are employed at Harnett Health? _____

If yes, list names and relationships: _____

Have you ever been suspended from school? _____

If yes, explain why: _____

What is your Grade Point Average? _____

How did you find out about this program? _____

Interests / Skills:

List previous experiences as a volunteer: _____

To what clubs, teams, or organizations do you belong?

List any special skills or experience: _____

--Over--

Application Requirements:

Essay

Please return this application and a 300-word essay on why you would like to be a Junior Volunteer at Harnett Health. Include aspects of your personality, educational background, accomplishments, hobbies and talents as part of this. Please also share your interest in pursuing a future career in the healthcare field.

Teacher Recommendation Forms

Two recommendation forms must be completed by a current teacher. Student and Parent must sign the release portion on the form before handing over to the recommending teacher. Teachers should return forms to Student in a sealed envelope so that all required materials may be submitted together.

Homeschooled applicants may submit two letters of recommendation from two adults over the age of 21 who are not relatives.

I pledge that all information stated on this application is true to the best of my knowledge.

Date _____ Applicant's Signature _____

I have read my son/daughter's completed application and concur that the information is accurate as stated. He/she has my permission and support in volunteering with the Harnett Health Junior Volunteer Program, if selected.

Date _____ Parent/Guardian's Signature _____

Applications may be mailed to...

Volunteer Services
Harnett Health
800 Tilghman Drive
Dunn, NC 28334

Applications may be dropped off at the Information Desk of...

Betsy Johnson Hospital
800 Tilghman Drive
Dunn, NC 28334

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Harnett Health

Junior Volunteer Track Selection Form

Junior Volunteer shifts will vary between the hours of 8:00am and 5:00pm, Monday through Friday. Schedules will be provided during orientation. Please list any specific hours you are available to volunteer each day of the week.

Each Junior Volunteer will be placed on a three-week schedule and assigned up to two departments. To ensure a beneficial experience, it is recommended that the Junior Volunteer select the Track that fits their best availability.

Please mark 1st choice, and 2nd choice in order of preference (not guaranteed):

_____ Track 1 – Monday, June 12 – Friday, June 30

_____ Track 2 – Monday, July 10 – Friday, July 28

Hours available (*Write “Any” if you are available entire day*):

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Please mark which Harnett Health Hospital is closest to your residence or means of transportation:

_____ Betsy Johnson Hospital (*Dunn*) _____ Central Harnett Hospital (*Lillington*)

If selected, I/we certify we have no prior commitments that will interfere with the Junior Volunteer Program.

Applicant’s Printed Name

Date

Applicant’s Signature

Parent’s Signature

Date



Harnett Health

Junior Volunteer Program

Teacher Recommendation Form

To the Teacher: Our Junior Volunteer Program is demanding for a young person. The Junior Volunteers must be responsible and display a high level of maturity. We appreciate and need honest evaluations and assessments of applicants.

Name of Applicant: _____ Date: _____

Name of Teacher: _____ School: _____

Course Title: _____ Course Grade Level: _____ Numeric Grade: _____

For the Teacher to sign: "I understand that all information included in this evaluation will be treated as confidential information by Volunteer Services at Harnett Health."

Teacher Signature: _____ **Date:** _____

For the student to sign "I understand that my signature gives my teacher permission to release the following confidential information to Volunteer Services at Harnett Health."

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Please give honest assessments to the following:	Excellent	Good	Fair	Poor
1. I rate this student's character as:				
2. Overall, this student's appearance is:				
3. This student's ability to cooperate and interact with his/her peers is:				
4. His/her ability to cooperate and interact with adults is:				
5. This student's attendance record is:				
6. His/her attitude toward hard work is:				
7. This student's maturity level is:				
8. Student's ability to listen and follow instructions is:				
9. This student's promptness with assignments is:				

Please respond to each of the following:
1. Has this student been subject to any significant disciplinary actions? _____ If yes, please explain details:
2. How long have you known this student? _____ years _____ months
3. Is this student respected by his/her teachers?

Harnett Health
Junior Volunteer Program
Teacher Recommendation Form

Please include additional comments as to why you believe this young person would make a good Junior Volunteer:

RECOMMENDING TEACHER:

Please complete this recommendation form and seal it in an envelope with your signature written across the seal. Please give the sealed envelope to the student to be returned with his/her Junior Volunteer Application before March 31st.

If you have any questions in regard to this recommendation, feel free to contact our volunteer office:

Harnett Health
Amanda Faircloth, Coordinator of Volunteer Services
910-892-1000 x4080 / x4088



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