

Application part 2 -2020 Student Volunteer Program

Name: _____

Grade (Completed as of June 2020): *circle appropriate answer*

(High School) 8 9 10 11 12 (College) 1 2 3 4

Name of School you attend this year: _____

Sessions and times:

The availability of the Student Volunteer plays a large part in the placement decision. You **must** commit to attend each weekday of the session you choose. There is no volunteering on Saturday or Sunday. Please review the dates of the sessions and the times allotted and make your choices carefully.

Please pick the session you prefer and ***if*** all sessions would be suitable please rank them in the order you prefer. (1 – first choice, 2 – second choice, etc.)

Also pick your preferred time and ***if*** any of times would be suitable please rank them in your preferred order.

__ Session 1: June 23 – July 2 __ 8:30-11:30 or __ 12:30-3:30

__ Session 2: July 14 – July 24 __ 8:30-11:30 or __ 12:30-3:30

__ Session 3: July 28 – August 7 __ 8:30-11:30 or __ 12:30-3:30

There might be an opportunity to be placed at our Harbour View site in Suffolk, would you be willing to be assigned to this location?

___yes ___no

(for students under 18 years of age)

Parents/Guardian Name(s):

Relationship: _____

Daytime phone: _____

I give consent for my son/daughter, _____,
to participate in the 2020 Student Volunteer Program at Bon Secours Maryview Medical
Center.

I understand that he/she must commit to attend each day of the scheduled session, be
on time, in uniform and follow all rules and regulations in order to remain in good
standing and continue in the program. I understand my child will have to have their TB
skin test completed and paperwork submitted a minimum of one week before the first
day of the session we choose.

I understand failure to comply with the policies, rules, regulations and the expectations
listed may result in my child being removed from consideration or dismissed from the
Student Volunteer Program.

Parent/Guardian Signature

Please initial the space provided below **if** you give permission for your child's photo to
be taken and used on our Bon Secours Hampton Roads Social Media pages and/or
website for purposes of marketing the Student Volunteer Program in the hospital. If any
names are used only first names would be shown.

_____ Yes, I give permission for my son/daughter to have their picture taken and
possibly used on our website or Social Media pages as being a part of the Student
Volunteer Program.

(There are no consequences for declining permission.)

(for students 18 years of age or older)

Student Name:

Daytime phone: _____

I, _____, understand I must commit to attend
(Student Name- Print)

each day of the scheduled session, be on time, in uniform and follow all rules and regulations in order to remain in good standing and continue in the program. I understand I will have to have my TB skin test completed and paperwork submitted a minimum of one week before the first day of the session I choose.

I understand failure to comply with the policies, rules, regulations and the expectations listed may result in my name being removed from consideration or being dismissed from the Student Volunteer Program.

Student Signature

Please initial the space provided below **if** you give permission for your photo to be taken and used on our Bon Secours Hampton Roads Social Media pages and/or website for purposes of marketing the Student Volunteer Program in the hospital. If any names are used only first names would be shown.

_____ Yes, I give permission for my picture to be taken and possibly used on our website or Social Media pages as being a part of the Student Volunteer Program.

(There are no consequences for declining permission.)