

**Application part 2 -2022 Student Volunteer Program**

Name: \_\_\_\_\_

Grade (Completed as of June 2022): *circle appropriate answer*

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

Name of School you attended 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 day of the session you choose. Weekdays only, Saturday and Sunday are excluded. Please review the dates of the two 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 20 – June 30      \_\_ 8:30-11:30 or \_\_ 12:30-3:30

\_\_ Session 2: July 19 – August 4      \_\_ 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 2022 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 before the first day of the session we choose. I understand my child  
must be fully vaccinated for Covid-19 and show proof of vaccination.

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.

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**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:

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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 before the first day of the session I have chosen. I understand I must be fully vaccinated for Covid-19 and show proof of vaccination.

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.

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***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.)