



Newton Medical Center
5126 Hospital Drive
Covington, Georgia 30014

2010 Junior Volunteer Application

REQUIREMENTS

- Complete the eighth grade and reach age 14 by June 1, 2010
- Complete the application and return to the NMC Volunteer office by April 7, 2010
- Letter of recommendation from School Counselor (form attached).
- Personal Reference (not a relative - form attached).
- Parent or guardian signed approval on application.
- Attend an interview session. Schedule to be announced.
- Verification of 80+ GPA for 2009-2010 school year.

STUDENTS SELECTED FOR THE SUMMER PROGRAM WILL BE REQUIRED TO

Purchase a shirt (approximately \$20) to be worn tucked in with khaki slacks or skirt and white tennis shoes.

COMPLETED APPLICATIONS

Student should mail the application to Volunteer Services, 5126 Hospital Drive, Covington, Georgia 30014 **or deliver** to the Volunteer Office located on Mill Street across from the Bank of North Georgia Corporate Center no later than 4:00 p.m. on Wednesday April 7, 2010. Notification of the interview schedule will be mailed by April 16, 2010.

NOTIFICATION OF ACCEPTANCE

Due to the large number of applicants, several factors are used to select students to participate in the summer program. These include, but are not limited to, grades, references and the interview. Selection results will be mailed two weeks after the last interview date.



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Please print or type. All questions must be answered. Use NA if not applicable.

Return to the Volunteer Office by April 7, 2010

Name _____ Date of Birth _____
Last Name First Name Middle Initial Month/Day/Year

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ E-Mail Address _____

Emergency Contact _____
Name Relationship Phone

School _____ Current Grade _____

Are you a returning Junior Volunteer or a Youth Apprentice? Yes No If yes, list the years _____

Do you plan to attend college? Yes No If yes, do you know your field of study?

The summer experience at Newton Medical Center is designed to help students determine their interest in a medical career and provide opportunities to explore a variety of possibilities. The **SCRUBS PROGRAM** is available for students in the upper high school grades and offers CPR, First Aid, basic medical terminology, body systems, nursing skills and departmental experiences.

Summer Schedule

Choose Session I **OR** Session II according to your grade level and availability.

Scrubs Program – Juniors, Seniors and 2010 graduates

- Session 1: June 2 – 18 Weekdays: 8:30 – 11:30
- Session 2: June 28 – July 16 Weekdays: 8:30 – 11:30

Explorers – Freshmen and Sophomores

- Session 1: June 21 - 25 (Daily Monday – Friday: 8:30 – 11:30)
- Session 2: July 19 - 23 (Daily Monday – Friday: 8:30 – 11:30)

School Activities:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Hobbies:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

I want to be in the Junior Volunteer Program because _____

Consent for Program Participation

I hereby give permission for my son/daughter to participate in the Junior Volunteer Program at Newton Medical Center and to serve in whatever capacity he or she is assigned. I will help my child meet the requirements to include transportation to the hospital in keeping with the assigned schedule. Students will be expected to conduct themselves as responsible young men and women. I understand that any disciplinary action will result in dismissal from the program. I authorize Newton Medical Center to give emergency medical treatment to my son/daughter.

Signature of Parent or Guardian _____

I agree that the above information is correct as of the date it was filed.

Signature of Applicant _____ Date _____

Complete the application and return **by 4:00 p.m. on Wednesday, April 7, 2010** to the Volunteer Services office located on Mill Street, fax to 770-788-0358, or mail to:

Newton Medical Center Volunteer Services
5126 Hospital Drive
Covington, GA 30014

Notification of the interview schedule will be mailed by April 16, 2010

OFFICE USE ONLY

Application received: _____



NEWTON MEDICAL CENTER
 5126 HOSPITAL DRIVE
 COVINGTON, Georgia 30014
 Phone: 770-788-6553
 Fax: 770-788-0358
 E-mail: mtaylor@newtonmedical.com

Student should give this form to the reference who will return it to the Volunteer office.

**Junior Volunteer Program
 Personal Reference Form**

Regarding _____ Phone _____
 Student _____

 Address _____

 City State Zip

All information will be kept confidential. DO NOT RETURN TO THE STUDENT.

Please fax to 770-788-0358 or mail to: Martha Taylor, CDVS, Newton Medical Center at the above address or e-mail to mtaylor@newtonmedical.com by April 7, 2010.

Please explain how you know the above named student.

Please describe the above named student, giving information about character and special talents.

If you were a patient or visitor in the hospital would you be favorably impressed by this student?

_____ Yes _____ No

Do you recommend this student for the summer Junior Volunteer Program?

_____ Yes _____ No

 Signature of person giving reference Phone Date



GUIDANCE COUNSELOR FORM
SUMMER 2010

Student should give this form to the counselor who will return it to the Volunteer office.

To ensure confidentiality, please do not return to the student. Forms submitted by the student will not be accepted.

Student _____ Date _____

Address _____ City, Zip _____

School _____ Current Grade Level _____

To: School Guidance Counselor

Newton Medical Center offers a program each summer for students who have completed the eighth grade and are 14-18 years of age, enrolled in school and have at least an 80+ GPA. We select students whose applications indicate they will perform well in our hospital environment.

Please return by April 7, 2010 to the Volunteer Office by fax to 770-788-0358 or mail to: Martha Taylor, CDVS, Newton Medical Center, 5126 Hospital Drive, Covington, Georgia 30014. You may also email to mtaylor@newtonmedical.com. Call 770-788-6553 for additional information.

The grade point average for the above named student for the current school year is _____.

The student is on grade level. _____ Yes _____ No

_____ I recommend this student for the Jr. Volunteer Program.

_____ I do not recommend the above named student for the Jr. Volunteer Program.

Comments _____

Guidance Counselor _____

Signature

Print Name

School _____

Phone _____

Date _____