

Volunteer Services Department
300 Community Drive
Manhasset, NY 11030
Tel: 516 562- 4947
Fax: 516 562-2377

Date

School Name

Re: _____
(student name)

Dear Guidance Counselor/Teacher:

_____, a student at your high school, has applied to the Junior Volunteer Program at North Shore University Hospital in Manhasset. To help us evaluate the potential of this applicant for volunteer service, we would appreciate your completing the enclosed recommendation form.

Please return the recommendation form in the return envelope provided as soon as possible. We are unable to process his or her application until this information is received. If you have any questions, please contact the Volunteer Services Department at 516-562-4947.

Thank you for your time and cooperation.

Sincerely,

Lisa Breiman, Director
Volunteer Services Department

Enclosures:
High School Recommendation Form
Return Envelope

High School Guidance Department Recommendation for Junior Volunteer Program

Student's Name _____

Please evaluate the above-named student, on a 1 to 5 scale, according to the recommendation criteria given below. Your responses will be held in strictest confidence.

1. **Cooperation**—Includes ability to get along with others, accept authority and follow instructions, adaptability, tactfulness, flexibility.
1 2 3 4 5

2. **Character**—Includes loyalty, integrity, sincerity, concern for others.
1 2 3 4 5

3. **Industry**—Includes willingness to work, perseverance, work habits, attention.
1 2 3 4 5

4. **Initiative**—Includes intellectual curiosity, willingness to attempt new things, resourcefulness.
1 2 3 4 5

5. **Reliability**—Includes dependability, good judgment, honesty, ability to function with minimal supervision.
1 2 3 4 5

6. **Emotional Control**—Includes maturity, poise, stability, self-confidence.
1 2 3 4 5

7. **Leadership Ability**—Includes objectivity, patience, ability to accept responsibility.
1 2 3 4 5

8. **Academic Standing**—The student is in good academic standing.
1 2 3 4 5

9. In your general opinion, is this student mature enough as well as capable of assuming the responsibilities required in a healthcare setting?
1 2 3 4 5

Recommendation

- | | |
|----------------------------------|---------------------------------|
| 1 – Not Recommended | 4 – Recommended with Confidence |
| 2 – Recommended with Reservation | 5 – Highly Recommended |
| 3 – Recommended | |

Remarks _____

Counselor's Name
(please print)

Counselor's Phone Number

Counselor's Signature

Date

JUNIOR VOLUNTEER APPLICATION
NORTH SHORE UNIVERSITY HOSPITAL, MANHASSET
Part 3

PARENT'S PERMISSION FORM

I hereby give my son/daughter _____
(First, Middle, Last Name)

Permission to participate in the Junior Volunteer Program at North Shore University Hospital in Manhasset. I understand that my child is responsible for notifying the Volunteer Office for any absence, planned or unplanned, as soon as possible.

I endorse and support the 100-hour commitment that my child has agreed to fulfill within a year.

I am aware as part of this application process, Northwell Health requires a background screening for all volunteers 18 years and older. To process this screening request, the social security number for the volunteer is required.

PARENT'S NAME PRINTED

PARENT'S SIGNATURE

DATE

STUDENT'S COMMITMENT

I agree to abide by all the Rules, Regulations, Dress Code and Policies and Procedures for Junior Volunteers at North Shore University Hospital in Manhasset.

VOLUNTEER APPLICANT'S SIGNATURE

DATE

JUNIOR VOLUNTEER APPLICATION
NORTH SHORE UNIVERSITY HOSPITAL, MANHASSET
Part 4

PARENT'S CONSENT FORM TO RELEASE SCHOOL RECORDS

Your daughter/son is applying to the Junior Volunteer Program at North Shore University Hospital in Manhasset.

To be accepted into our program we require:

- He/She must be 14 years of age or older.
- Working papers.
- The Guidance Counselor/Teacher must complete the High School Guidance Department Recommendation Form.
- The parent/guardian must attend an orientation program with your child when scheduled.
- Your child must attend a separately scheduled training

Your child will not be cleared to begin volunteering until they have met all the requirements listed above in addition to receiving medical clearance from our Employee Health Services department.

The law requires that when a student is under 18 years of age, parental permission must be obtained before school records can be released. We will not process an applicant without this form.

To: Guidance Department

Date: _____

Student's Name

Year of Graduation _____

Signed: _____
Parent/Guardian or 18-Year-old student

Return Completed Application to Volunteer Services Department, North Shore University Hospital, 300 Community Drive, Manhasset, NY 11030. Envelope enclosed for your convenience.

INSTRUCTIONS FOR OBTAINING WORKING PAPERS

1. Obtain form **AT-17** *Application for Employment* at your school. Working papers are issued through the High School Health Office. (Private school students—return to your local area high school.)
2. The parent or guardian must sign forms; suitable documents for proof of age are birth or baptismal records, or a passport.
3. A physical examination either by a school or family physician within one year is required. A *Certificate of Physical Fitness (AT-16)* will be given to you. The school then issues the *Employment Certificate (AT-18)* after a satisfactory medical examination.
4. North Shore University Hospital, Manhasset is **NOT** required to furnish any material or information concerning your application for working papers.
5. An Employment Certificate is a requirement for Volunteer Service at North Shore University Hospital, Manhasset.
6. Any further questions about obtaining an Employment Certificate can be directed to your High School Health Office.
7. Please bring your Employment Certificate with you at the time of your interview.