

# Good Shepherd Medical Center

Volunteer Department  
700 East Marshall Avenue  
Longview, Texas 75601

Junior Auxiliary Application – Spirit Teens			
Name:		Home Phone:	
Social Security number:		Cell number:	
Street Address _____		City _____	Zip _____
Email: _____			
High School _____	Last Grade Completed _____		Birth date: _____
Parent/Guardian Name _____		Parent's Daytime Phone: _____	
Describe Previous Volunteer Experience:			
T-shirt size: S M L XL			
Describe School/Sports/Church Activities			
Special skills:			
Describe Physical Limitations Impacting /volunteer Placement/Assignment:			
In case of emergency , call:		Emergency Phone	
Relationship:			
Physician Name & Phone			
How Did You Hear About Our Program?			
If You Volunteered at GSMC Previously Do You Want the Same Assignment?    Yes    No			
Previous Assignment: Department(s) _____ Year _____			
Circle Day(s) & Time(s) Available to Work:			
	<b>Monday</b>	8:00 a.m. – Noon	1:00 p.m. – 5 p.m.
	<b>Tuesday</b>	8:00 a.m. – Noon	1:00 p.m. – 5 p.m.
	<b>Wednesday</b>	8:00 a.m. - Noon	1:00 p.m. – 5 p.m.
	<b>Thursday</b>	8:00 a.m. - Noon	1:00 p.m. – 5 p.m.
	<b>Friday</b>	8:00 a.m. – Noon	1:00 p.m. – 5 p.m.

**Good Shepherd Medical Center  
Release of Liability**

I hereby give my permission for \_\_\_\_\_ to observe only the functions of Good Shepherd Medical Center deemed permissible by an approved supervisor.

I understand that my child will be required to follow established rules and guidelines of Good Shepherd Medical Center.

I further understand that Good Shepherd Medical Center may not be held responsible in case of accident or loss of personal property.

I am resolved that if my child does not meet the standards of Good Shepherd Medical Center, that he/she may be asked to discontinue the assignment.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone : \_\_\_\_\_

Date: \_\_\_\_\_



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## Parent Consent Form

I hereby give permission for my son/daughter \_\_\_\_\_ to  
Participate in the Junior Auxiliary Program at Good Shepherd Medical Center. I also give  
Permission for my child to render the number of hours of service required and only those  
Requested and approved by the Volunteer Coordinator.

I understand that my child will be required to follow established rules and guidelines for  
service as described in orientation materials.

I further understand that neither Good Shepherd medical Center, nor the Good Shepherd  
Auxiliary, are to be held responsible in case of accident or loss of personal property.

I am resolved that if the performance of my child as a junior volunteer does not meet the standards  
established by the program, his/her service may be terminated.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

\_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

Dear Principal, Vice Principal or Guidance Counselor:

Good Shepherd Medical Center and the Good Shepherd Auxiliary are in the process of reviewing applications for our junior volunteer summer program. The student bringing this to you has shown interest in participating in our program this year.

Since a limited number of applicants can be accepted into the program, we want to give priority to those who will benefit most from the program while meeting the needs and requirements of the medical center. One of the requirements for acceptance is a reference from you. Your reference for this student is to be completed, signed and returned to me in the envelope provided by Friday, May 14, 2010. All replies will be kept confidential.

We are seeking those students who have a genuine desire to serve their community through volunteering. A budding interest in science, medicine or nursing will certainly enhance their time spent with us. They will receive orientation, training and supervision by healthcare professionals and experienced adult volunteers.

Please consider the nature of the medical center in making your recommendations and the necessity that we screen potential junior volunteers carefully, not only for their protection, but also out of concern for our patients. We must be able to entrust some measure of confidence in these students.

If you have any questions or conditions you wish to discuss, please call me at (903) 315-2199.

I look forward to working with these young people this summer. I appreciate your time and wish you an enjoyable summer.

Sincerely,

Pat Watson  
Volunteer Coordinator  
700 E. Marshall Avenue  
Longview, Texas 75601

# Good Shepherd Medical Center

## Volunteer Services Department

### Junior Volunteer

The following information is to be completed by the school counselor or their designee for completion.

Please check the appropriate square: Name of Student \_\_\_\_\_

	Superior	Good	Fair	Poor	Don't Know
School Attendance					
Ability to Follow Instructions					
Cooperation with Authority					
Health					
Grooming					
Dependability					
Scholarship					
Peer Rapport					
Poise and Self Control					
Ability to Problem Solve					
Enthusiasm/Motivated					
Judgment					

Is student mature enough to work with hospital patients and visitors? Yes \_\_\_ No \_\_\_ Possibly \_\_\_  
 Comments \_\_\_\_\_

On the following scale, the overall potential of this applicant for volunteering is:  
 Superior \_\_\_ Good \_\_\_ Poor \_\_\_ Fair \_\_\_

Date \_\_\_\_\_ Signature of Counselor or Designee \_\_\_\_\_

School \_\_\_\_\_ Phone No. \_\_\_\_\_

Return completed form to: Volunteer Services, Good Shepherd Medical Center, 700 E. Marshall Ave.  
 Longview, Texas 75601