Fall 2022 College Program
KEEP FOR YOUR RECORDS
(Do not include this page in packet)

Upon completing the online college application, applicants must submit all necessary paperwork in a sealed envelope by 4pm on July 22nd. The paperwork must be delivered ALL TOGETHER to the front desk of the campus at which you applied for the application to be considered complete. To complete the online application, please visit: https://www.choa.org/collegevolunteer

All applicants will be notified by August 5th of their application status.

REQUIRED DOCUMENTS CHECKLIST:

☐ Completed application (online form available on website July 18th-22nd)
☐ Recommendation form (attached) – must be submitted in a signed and sealed envelope and completed by a non-family member
☐ Current Immunization Record
  o Chicken Pox (Varicella – 2 shot series OR titer blood test showing immunity)
  o MMR (Measles, Mumps, Rubella – 2 shot series OR titer blood test showing immunity)
  o Tdap (Tetanus, Diphtheria, Pertussis – 1 shot, must have received within the last 10 years)
  o Proof of COVID-19 vaccination

_If titer blood test does not show sufficient immunization for these diseases, appropriate vaccination(s) are required._

☐ Copy of photo I.D. (driver’s license, school ID, passport, etc.)
☐ Completed & signed background check consent form (attached)

If accepted, there will be a **mandatory** training at the campus at which you applied. _If you are unable to attend training, you are unable to participate in the program:_

**Children’s at Egleston:**
Wednesday, August 31st from 2pm-4pm

**Children’s at Hughes Spalding**
Thursday, September 1st from 2pm-4pm

**Children’s at Scottish Rite:**
Thursday, September 1st from 2pm-4pm

As a reminder, you are only able to volunteer at **ONE** campus.

_Please hand deliver this packet to the front desk of the campus at which you applied._
_Packets will only be accepted hand delivered July 18th through 4pm on July 22nd._

<table>
<thead>
<tr>
<th><strong>Children’s at Egleston</strong></th>
<th><strong>Children’s at Hughes Spalding</strong></th>
<th><strong>Children’s at Scottish Rite</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1405 Clifton Road NE</td>
<td>35 Jesse Hill Jr. Drive SE</td>
<td>1001 Johnson Ferry Road NE</td>
</tr>
<tr>
<td>Atlanta, GA 30322</td>
<td>Atlanta, GA 30303</td>
<td>Atlanta, GA 30342</td>
</tr>
</tbody>
</table>
DISCLOSURE AND AUTHORIZATION REGARDING OBTAINING CONSUMER AND/OR INVESTIGATIVE REPORTS FOR VOLUNTEERING AT CHILDREN’S

In considering your application for volunteering, Children’s Healthcare of Atlanta, because of its obligation to provide a safe environment for patients and families, may request that a consumer-reporting agency prepare a consumer report or investigative report regarding you. In addition, Children’s may independently conduct background checks on you. The consumer report, investigative report and/or background check may include, but not be limited to, information regarding your credit history, criminal convictions, former employers, education and/or training.

1. By signing this disclosure, you consent to Children’s obtaining a consumer report and/or investigative report on you and further consent to Children’s independently conducting a background check on you.

2. By signing this disclosure, you acknowledge that you
   a) Have received a copy of this disclosure.
   b) Have been notified of the possibility that a consumer and/or investigative report will be prepared.

3. In accordance with the federal Fair Credit Reporting Act, if an investigative report is requested, you have the right to request that Children’s completely and accurately disclose to you the nature and scope of any requested report.

By signing the acknowledgement below, I release Children’s from any and all liability relating to or arising from such consumer reports and/or investigative reports and/or background checks. I acknowledge that I have read this entire document and understand the same.

___________________________________________________________________________________________

Applicant’s Signature Date

____________________________________________________

PRINT Full Name (First, Middle, Last)

____________________________________________________

Street Address

____________________________________________________

City State Zip

____________________________________________________

Social Security Number Sex Race Date of Birth
Recommendation Form

Dear Advisor/ Professor/ Supervisor/ Coach:

___________________________________ has applied to the College Volunteer Program at Children’s Healthcare of Atlanta. Thank you for taking the time to complete this evaluation. Your observations are an important part of this student’s application. Please comment on the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Always self-sufficient</th>
<th>Usually self-sufficient</th>
<th>Sometimes self-sufficient</th>
<th>Rarely self-sufficient</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-sufficient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respect for others</td>
<td>Always respectful</td>
<td>Usually respectful</td>
<td>Sometimes respectful</td>
<td>Rarely respectful</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to work independently</td>
<td>Always works well</td>
<td>Usually works well</td>
<td>Sometimes works well</td>
<td>Rarely works well</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to work with others</td>
<td>Always works well</td>
<td>Usually works well</td>
<td>Sometimes works well</td>
<td>Rarely works well</td>
<td>N/A</td>
</tr>
<tr>
<td>Takes initiative</td>
<td>Always</td>
<td>Usually</td>
<td>Sometimes</td>
<td>Rarely</td>
<td>N/A</td>
</tr>
<tr>
<td>Attendance</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td>N/A</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Always on time</td>
<td>Usually on time</td>
<td>Sometimes on time</td>
<td>Rarely on time</td>
<td>N/A</td>
</tr>
<tr>
<td>Friendliness</td>
<td>Always Friendly</td>
<td>Usually Friendly</td>
<td>Sometimes Friendly</td>
<td>Rarely Friendly</td>
<td>N/A</td>
</tr>
<tr>
<td>Responsible</td>
<td>Always Responsible</td>
<td>Usually Responsible</td>
<td>Sometimes Responsible</td>
<td>Rarely Responsible</td>
<td>N/A</td>
</tr>
<tr>
<td>Concern for others</td>
<td>Always considerate</td>
<td>Usually considerate</td>
<td>Sometimes considerate</td>
<td>Rarely considerate</td>
<td>N/A</td>
</tr>
<tr>
<td>Communication skills</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td>N/A</td>
</tr>
<tr>
<td>Receptive to feedback</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td>N/A</td>
</tr>
<tr>
<td>Integrity</td>
<td>Very trustworthy</td>
<td>Trustworthy</td>
<td>Sometimes trustworthy</td>
<td>Rarely trustworthy</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Overall Recommendation (circle): Strongly Recommend               Recommend               Do not recommend

Additional Comments:
______________________________________________________________________________________________
______________________________________________________________________________________________
__________________________________________________________________
______________________________________________________________________________________________

Evaluator’s Name (please print): ________________________________ Phone: ________________________________
Title: ________________________________ Email: ________________________________
Evaluator’s Signature: ________________________________ Date: ________________________________

Please place this form in a sealed and signed envelope and return to applicant. Thank you!