

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

Upon completing the online college application (www.choa.org/volunteer), you must submit all necessary paperwork in a sealed envelope by 4pm on December 8th. All paperwork must be **all-together** and received for the application to be considered complete.

All applicants will be notified by December 18th of their application status.

REQUIRED DOCUMENTS CHECKLIST:

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

Children's at Egleston:

Wednesday, January 19th from 2pm-3:30pm

Children's at Hughes Spalding:

Wednesday, January 19th from 2pm-3:30pm

Children's at Scottish Rite:

Thursday, January 20th from 2pm-3:30pm

Mail or hand deliver this packet to the campus at which you applied.

As a reminder, you are only able to apply to ONE campus:

<p><u>Children's at Egleston</u> Volunteer Services 45 Clifton Road NE Atlanta, GA 30322</p>	<p><u>Children's at Hughes Spalding</u> Volunteer Services 35 Jesse Hill Jr. Drive SE Atlanta, GA 30303</p>	<p><u>Children's at Scottish Rite</u> Volunteer Services 1001 Johnson Ferry Road NE Atlanta, GA 30342</p>
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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:

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

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!

**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