Upon completing the online college application (www.choa.org/volunteer), you must submit all necessary paperwork in a sealed envelope by 4:30pm 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 17th 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:

<table>
<thead>
<tr>
<th>Children’s at Egleston</th>
<th>Children’s at Hughes Spalding</th>
<th>Children’s at Scottish Rite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Services</td>
<td>Volunteer Services</td>
<td>Volunteer Services</td>
</tr>
<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>
**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>Self-sufficient</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>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</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</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>Always 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!
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