Spring 2024 College Program  
(Keep this first page for your records)

Upon completing the online college application, you must submit all necessary paperwork either by dropping off at the location you are applying for. All paperwork must be together and received by Friday, December 1st at 4pm for the application to be considered complete.

For Scottish Rite: Amanda Miller (amanda.miller@choa.org)  
For Egleston: Lindy Carder (Lindy.carder@choa.org)  
For Hughes Spalding: Charice Holt (Charice.Holt@choa.org)

All applicants will be notified by December 15th of their application status.

REQUIRED DOCUMENTS CHECKLIST:

- Completed application (online form)
- 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 after 2005)  
  - Proof of Flu shot for 2023-2024 season (dated on or after August 1, 2023)  
  - Willingness to receive a TB Blood test (Quantiferon Gold or T-SPOT) IF accepted into program. We do NOT accept TB skin tests.

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 17th from 2pm-4pm

Children’s at Scottish Rite:  
Thursday, January 18th from 2pm-4pm

Children’s at Hughes Spalding:  
Thursday, January 18th from 2pm-4pm

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

<table>
<thead>
<tr>
<th>Children’s at Egleston</th>
<th>Children’s at Scottish Rite</th>
<th>Children’s at Hughes Spalding</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>1001 Johnson Ferry Rd NE</td>
<td>35 Jesse Hill Jr. Drive SE</td>
</tr>
<tr>
<td>Atlanta, GA 30322</td>
<td>Atlanta, GA 30342</td>
<td>Atlanta, GA 30303</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></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</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>independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>Reaction to criticism</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