

## 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 1<sup>st</sup> at 4pm for the application to be considered complete.

**For Scottish Rite:** Amanda Miller ([amanda.miller@choa.org](mailto:amanda.miller@choa.org))

**For Egleston:** Lindy Carder ([Lindy.carder@choa.org](mailto:Lindy.carder@choa.org))

**For Hughes Spalding:** Charice Holt ([Charice.Holt@choa.org](mailto:Charice.Holt@choa.org))

**All applicants will be notified by December 15<sup>th</sup> 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 17<sup>th</sup> from 2pm-4pm

**Children's at Scottish Rite:**

Thursday, January 18<sup>th</sup> from 2pm-4pm

**Children's at Hughes Spalding:**

Thursday, January 18<sup>th</sup> from 2pm-4pm

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

<b><u>Children's at Egleston</u></b> Volunteer Services 1405 Clifton Road NE Atlanta, GA 30322	<b><u>Children's at Scottish Rite</u></b> Volunteer Services 1001 Johnson Ferry Rd NE Atlanta, GA 30342	<b><u>Children's at Hughes Spalding</u></b> Volunteer Services 35 Jesse Hill Jr. Drive SE Atlanta, GA 30303
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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:

<b>Self-sufficient</b>	<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
<b>Respect for others</b>	<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
<b>Ability to work independently</b>	<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
<b>Ability to work with others</b>	<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
<b>Takes initiative</b>	<input type="radio"/> Always	<input type="radio"/> Usually	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> N/A
<b>Attendance</b>	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> N/A
<b>Timeliness</b>	<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
<b>Friendliness</b>	<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
<b>Responsible</b>	<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
<b>Concern for others</b>	<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
<b>Communication skills</b>	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> N/A
<b>Reaction to criticism</b>	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> N/A
<b>Integrity</b>	<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:**

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**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