



STUDENT VOLUNTEER PROGRAM

This section is to be completed by student

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Cell: _____ Email: _____

Time Period for Service: _____

I agree that, if accepted, I will abide by the policies, procedures, and guidelines set forth by Forrest General Hospital. I also agree that I will work within the scope of my practicum and at any time, the hospital may terminate my service, for any breach of policy.

Student Signature

Date

STATEMENT OF APPROVAL/PROOF OF AFFILIATION

This section to be completed by university faculty

I recommend/approve _____ to participate with the Forrest General Hospital Student Volunteer Program. I believe he/she maintains the qualities needed to positively contribute to the success of the program. The student exhibits the following skills and behaviors:

Ability to communicate clearly

Teamwork

Professionalism

Compassion

Ability to follow instructions

Reliability

Timeliness

Organizational Skills

Excellent work ethics

Strong desire to help others

I can confirm the student is currently enrolled with _____

I attest, to the best of my knowledge, the student is in good standing with the above-mentioned affiliation.

Faculty

Date