

**APPLICATION  
SUMMER YOUTH VOLUNTEER PROGRAM  
HOLTON COMMUNITY HOSPITAL**



**Please return this application no later than Monday, April 30<sup>th</sup>, 2018  
For more information, contact Gretchen Snavelly at 364-9646 or gretchen.snavelly@rhrjc.org**

RETURN TO: Holton Community Hospital  
Attn: Gretchen Snavelly  
1110 Columbine Dr.  
Holton, KS 66436-0029

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>E-Mail Address</u>	Are you at least 16 years old by June 1, 2018? Yes    No	
<u>Emergency Contact Name</u>	<u>Phone Number</u>	<u>Relationship</u>
<u>Why are you interested in volunteering at the Hospital this summer?</u>		
<u>What are your long range occupational goals?</u>		
<u>Why should we select you over other applicants?</u>		
<u>Name of school you're attending</u>		<u>Most recent grade completed</u>
Which department(s) are you most interested in volunteering with? Please indicate by number your 1 <sup>st</sup> & 2 <sup>nd</sup> choices.		
<input type="checkbox"/> Nursing <input type="checkbox"/> Physical/Occupational Therapy <input type="checkbox"/> Laboratory <input type="checkbox"/> Infection Control & Emergency Preparedness		

**REFERENCE FORM**  
**SUMMER YOUTH VOLUNTEER PROGRAM**  
**HOLTON COMMUNITY HOSPITAL**



**You need to return 2 completed Reference Forms** with your application. This should be completed by someone who knows you from a professional relationship such as a guidance counselor, teacher, job, someone for whom you have babysat, an organization in which you belong (i.e. 4-H).

**Student Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**I would rate this student as follows:**

1. Requires \_\_\_\_\_ amount of instruction as most students.     less     more     about the same
2. Requires \_\_\_\_\_ supervision or direction.     minimal     occasional     considerable
3. \_\_\_\_\_ follow through on assignments and/or tasks.     Does     Does not
4. Gets along \_\_\_\_\_ with peers.     well     very well     not well
5. Gets along & show respect \_\_\_\_\_ with adults.     well     very well     not well
6. \_\_\_\_\_ exhibit general appearance of neatness.     Does     Does not
7. \_\_\_\_\_ regular in school attendance.     Is     Is not
8. Has \_\_\_\_\_ communication skills.     average     below avg.     above avg.
9. I \_\_\_\_\_ recommend this student to be a Volunteer working with patients at the hospital.     do     would not

**Additional Comments:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone** \_\_\_\_\_