**TEACHER OR COUNSELOR EVALUATION FORM**

STUDENT DATE

The above named student has applied for Junior Volunteer Services at Aspirus Ironwood. We would appreciate your assistance in giving us a profile of this student by providing the knowledge that you have of her/his abilities as well as any problem areas. Your prompt cooperation in returning this completed form will assist us in evaluating this applicant.

If you do not know this student well enough to complete this questionnaire, please refer it to the teacher who can best answer the questions. All confidence will be respected.

Thank you,

Diana Lorenson

Director of Volunteer Services

If appropriate, please rate the student in each of the following categories:

RELATIONS WITH OTHERS (circle one):

1 2 3 4 5 6 7 8 9 10

Well accepted Works poorly with others

INITIATIVE (circle one):

1 2 3 4 5 6 7 8 9 10

Self-Starter Cautious Must be led

JUDGEMENT (circle one):

1 2 3 4 5 6 7 8 9 10

Exceptionally good Average Consistently poor

DEPENDABILITY (circle one):

1 2 3 4 5 6 7 8 9 10

Completely dependable Usually Unreliable

ABILITY TO LEARN (circle one):

1 2 3 4 5 6 7 8 9 10

Very quick Average Poor

QUALITY OF WORK (circle one):

1 2 3 4 5 6 7 8 9 10

Excellent Average Poor

ADDITIONAL COMMENTS: ­­­­­­­

Signature of evaluator

Name Title



**JUNIOR VOLUNTEER PROGRAM CONSENT FORM**

Name in full Date

Address Telephone

City and State Zip Code

Birth date Age in Years

(Month) (Day) (Year)

CONSENT FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my consent to serve as a vo1unteer at Aspirus Ironwood Hospital. I certify that the above birth date is correct, and I understand the responsibility of a Junior Volunteer and will encourage his/her promptness and regularity of service.

I hereby authorize Aspirus Ironwood Hospital to provide emergency medical assistance to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if he/she becomes ill or injured while at Aspirus Ironwood Hospital doing volunteer services.

Signature of parent/guardian Date



**For Office Use Only**

Interview

Orientation

Assignment

To Begin

**JUNIOR VOLUNTEER APPLICATION**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Initial

Street Address City State Zip Code

Telephone #: School Grade

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age in years:

(mo.) (day) (year)

Parent/Guardians Name:

Emergency Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your skills, hobbies and other interests?

Previous or present volunteer and/or work experience?

What kind of volunteer job are you interested in?

Are you willing to make a three month commitment to Aspirus Ironwood? (circle one): YES or NO

What day and time are you able to volunteer?

Mon.\_\_\_\_\_\_\_ Tues. \_\_\_\_\_\_\_ Wed.\_\_\_\_\_\_\_ Thurs. \_\_\_\_\_\_\_ Fri. \_\_\_\_\_\_\_ Sat. \_\_\_\_\_\_\_ Sun. \_\_\_\_\_\_\_

Morning Afternoon Evening Holidays

Signature