VolunTeen Program Application
Reference Form

Volunteer Department
Lakewood Ranch Medical Center
8330 Lakewood Ranch Boulevard
Lakewood Ranch, FL 34202

TO BE COMPLETED BY SCHOOL COUNSELOR, TEACHER, OR SUPERVISOR
The student listed below has applied to volunteer at Lakewood Ranch Medical Center. Please assist us by answering the questions below and add any additional comments you consider to be helpful. The permission for the release of confidential information signed by the student and a parent is on the bottom of this form. Thank you for your cooperation by completing this form and returning to the student or mailing directly to our office.
Students Name:

1. Is the applicant a responsible individual?
2. Scholastic grade average:
3. To your knowledge has the applicant had any physical or emotional problems that would affect working with patients or visitors at the hospital? Yes No

If yes, please explain: _____

Additional Comments: _____

_____

Signature: _____ Date: _____

Printed Name: _____

Relationship to applicant: _____

Phone Number: _____

I give permission for the release of any information and/or records requested by the Volunteer Program at Lakewood Ranch Medical Center.

Name of School: _____

Signature of Student: _____

Signature of Parent or Guardian: _____