



Dear Prospective Junior Volunteer,

Thank you for your interest in the 2026 Summer Junior Volunteer Program at Northern Regional Hospital. We are grateful for students who are willing to dedicate their time and energy to supporting our hospital and assisting our professional staff in delivering high-quality patient care.

The commitment of a Junior Volunteer is meaningful not only to the patients and families we serve, but also to the broader community. A strong, well-managed hospital is a vital community asset, and Surry County is fortunate to have an excellent facility providing exceptional healthcare services.

Junior Volunteers become valuable members of our hospital team when they approach this opportunity with responsibility and dedication. We encourage all volunteers to make this program a priority in their summer schedule and to strive for excellence in serving our patients, visitors, and staff.

In addition to serving others, junior volunteers gain firsthand exposure to hospital operations and healthcare delivery. The program also provides valuable career exploration and learning experiences. The skills developed through volunteer service can support future educational and professional goals.

Enclosed you will find an application for the 2026 Summer Junior Volunteer Program. Completed applications must be submitted **no later than March 20, 2026**. Applications received after this deadline will not be considered. Current freshmen, sophomores, and juniors are eligible to apply.

After applications are reviewed, selected candidates will be contacted to schedule an interview. Please note that this is a highly competitive program, and only 25 students will be selected to participate.

Students who are chosen for the program will be required to complete additional steps prior to participation, including TB testing, a background check, drug screening, and attendance at a mandatory orientation session. There are no make-up dates for orientation. Detailed instructions regarding these requirements will be provided to selected participants. These items do not need to be completed at the time of application submission.

Thank you again for your interest in serving Northern Regional Hospital. If you have any questions, please feel free to contact me at (336) 783-8196 or by email at [tbeasley@wearenorthern.org](mailto:tbeasley@wearenorthern.org).

Sincerely,

*Tina L. Beasley*

Tina L. Beasley  
Director, Foundation & Volunteer Services



Dear Parent or Guardian,

The Volunteer Services Department at Northern Regional Hospital (NRH) is pleased that your child is interested in participating in our Summer Junior Volunteer Program.

For your child to be considered for a volunteer position, we require your consent and partnership in supporting a successful and meaningful experience. Please carefully review and sign the parental consent form if you would like us to continue the application process. If you have questions or would like additional information, please contact Volunteer Services at (336) 783-8196 or via email at [tbeasley@wearenorthern.org](mailto:tbeasley@wearenorthern.org).

By applying to the Junior Volunteer Program, it is understood that students will comply with all program policies and hospital regulations. These standards are in place to ensure a safe, educational, and rewarding experience for all participants. We seek students who demonstrate maturity, respect for others, the ability to follow instructions, and a willingness to accept supervision and assigned responsibilities. Participation is competitive, and not all applicants will be selected. A total of 25 students will be chosen for the program. After applications are reviewed, selected candidates will be invited to participate in a screening interview. Once final selections are made, all applicants will be notified in writing of their status.

Students who are accepted into the program are required to attend a mandatory orientation session prior to the start date. Orientation details will be included with acceptance letters. Please note that there are **no make-up sessions available** for orientation.

All accepted students must complete a TB test, background check, and drug screening. For students under the age of 18, parental consent is required for the background check and drug screening. These screenings are provided by NRH at no cost to families. Immunization records will also be required. These items are not due at the time of application; further instructions will be provided after acceptance letters are distributed.

The Junior Volunteer uniform consists of khaki pants, a white shirt, and a navy scrub jacket embroidered with the hospital logo. The scrub jacket will be provided at no cost. Volunteers must wear closed-toe, closed-heel shoes with soft soles. Shorts and denim jeans are not permitted. Skirts are allowed if they are knee-length or longer. Each volunteer will receive a photo ID badge, which must be worn and visible at all times. The scrub jacket and ID badge must remain visible, and outerwear such as coats, jackets, or sweatshirts may not be worn over the uniform during volunteer hours.

The 2026 Junior Volunteer Program will run from June 23, 2026 through July 31, 2026. Volunteers are required to serve eight (8) hours per week for a total minimum commitment of 40 hours over the six-week program. A detailed schedule will be provided at orientation. We understand that some absences may occur due to prior commitments such as family vacations or camps. Anticipated absences should be discussed with the Director of Foundation & Volunteer Services as early as possible to arrange make-up hours. Volunteers who do not complete at least 40 hours by the end of the program will not receive credit or verification of service hours for



school purposes. If it is unlikely that your child can fulfill this requirement, we recommend postponing application to a future year.

Transportation to and from the hospital is the responsibility of the volunteer and/or parent or guardian. Volunteers must arrive and be picked up on time. Students who drive themselves may leave the premises for lunch; however, no Junior Volunteer may leave with another volunteer without written parental permission.

Completed applications must be received no later than March 20, 2026.

We sincerely appreciate your support of this program and your partnership in helping your child have a positive volunteer experience. Please do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Tina L. Beasley".

Tina L. Beasley  
Director, Foundation & Volunteer Services

**Please return completed application in person to Tina Beasley in the Volunteer Services Department at Northern Regional Hospital, or mail the completed application to:**

**Volunteer Services Department  
Attn: Tina L. Beasley  
Northern Regional Hospital  
P.O. Box 1101  
Mt. Airy, NC 27030**



**JUNIOR VOLUNTEER APPLICATION**

*Please Print. Entire Application **Must** Be Completed.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

School Name: \_\_\_\_\_ Grade (current school year): \_\_\_\_\_

Have you ever volunteered at NRH before?  Yes  No If yes, when? \_\_\_\_\_

Do you have any relatives employed at NRH?  Yes  No

If yes, please list their name(s) and relation: \_\_\_\_\_

Are you able to commit to 6 weeks of volunteering?  Yes  No

Days Available:  Monday  Tuesday  Wednesday  Thursday  Friday

Please list any dates you will not be available: \_\_\_\_\_

Jacket Size:  Small  Medium  Large  X-Large  2XL  3XL

Do you wish to pursue a degree in health care?  Yes  No

Have you ever been convicted of any criminal offense other than a minor traffic violation?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CONTACT INFORMATION**

**Father's Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact (other than parent):** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**REFERENCES**

(Please do not list relatives as references)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



## TEACHER RECOMMENDATION FORM

**To the Teacher:** Participation in the Junior Volunteer Program requires a strong sense of responsibility, reliability, and commitment. Students must be able to follow directions, demonstrate good judgment, and work independently when appropriate.

We sincerely appreciate your candid and honest evaluation of this applicant. Selection decisions are based on the completed application, interview performance, teacher recommendations, and space availability within the program.

While the rating questions are important, your written comments are especially valuable in helping us better understand the student's character, work ethic, and readiness for this opportunity. Please be as specific as possible in the comments section.

**\*\*\* Teacher recommendations should be kept confidential and will not be accepted unless they are in a sealed envelope and signed across the back. Students should not see the recommendation forms. \*\*\***

**Student Name:** \_\_\_\_\_ **Subject:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

Please check one response for each of the following questions:

1. How often is the applicant late or tardy to your class?  
 Never     Rarely     Sometimes     Often     Always
2. How often does the applicant submit good quality class work?  
 Never     Rarely     Sometimes     Often     Always
3. How often does the applicant participate in class discussions?  
 Never     Rarely     Sometimes     Often     Always
4. Does this applicant complete work on time?     Yes     No
5. Does this applicant perform what is asked of him/her?     Yes     No
6. Has this applicant been subject to any significant disciplinary actions?  
 Yes     No    *(If yes, please specify in comments section.)*

Please provide comments about student that may be helpful in consideration of this application:

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**Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**TEACHER RECOMMENDATION FORM**

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We sincerely appreciate your candid and honest evaluation of this applicant. Selection decisions are based on the completed application, interview performance, teacher recommendations, and space availability within the program.

While the rating questions are important, your written comments are especially valuable in helping us better understand the student’s character, work ethic, and readiness for this opportunity. Please be as specific as possible in the comments section.

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**Student Name:** \_\_\_\_\_ **Subject:** \_\_\_\_\_

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Please check one response for each of the following questions:

- 1. How often is the applicant late or tardy to your class?  
 Never     Rarely     Sometimes     Often     Always
- 2. How often does the applicant submit good quality class work?  
 Never     Rarely     Sometimes     Often     Always
- 3. How often does the applicant participate in class discussions?  
 Never     Rarely     Sometimes     Often     Always
- 4. Does this applicant complete work on time?     Yes     No
- 5. Does this applicant perform what is asked of him/her?     Yes     No
- 6. Has this applicant been subject to any significant disciplinary actions?  
 Yes     No    *(If yes, please specify in comments section.)*

Please provide comments about student that may be helpful in consideration of this application:

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**Teacher’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**NORTHERN REGIONAL HOSPITAL  
STATEMENT OF CONFIDENTIALITY**

During your volunteer service at Northern Regional Hospital, you may see or overhear information related to patients or hospital operations. All patient health information and hospital business matters are strictly confidential. This information must not be discussed with anyone who does not have a legitimate “need to know,” shared with anyone outside the hospital, or used for personal purposes.

Any student who violates patient or hospital confidentiality policies will be subject to **immediate termination** from the Junior Volunteer Program.

General questions about patients should be directed to the hospital information desk or the nurse in charge of the unit. Only limited information regarding a patient’s general condition may be released. Any inquiries from members of the media must be referred to the Administration Office.

As a Junior Volunteer at NRH, you are responsible for always protecting the privacy and dignity of our patients and their families by adhering to this confidentiality policy.

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I, the undersigned, age \_\_\_\_\_, acknowledge that I have read and understand this confidentiality statement and agree to maintain all patient and hospital information in the strictest confidence.

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**Applicant Signature**

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**Date**



PLEASE SIGN AND RETURN THIS FORM WITH THE APPLICATION.

**Parent or Guardian**

I understand that if my child is accepted into the Northern Regional Hospital Junior Volunteer Program, he/she will be responsible for arranging transportation to and from the hospital, committing to an average of eight (8) volunteer hours per week, adhering to the established dress code, and complying with all policies and regulations of the Volunteer Services Department and Northern Regional Hospital.

I give my approval for my child to participate in this program and authorize the release of relevant school information as part of the selection process. I also grant permission for required tuberculin (TB) testing and drug screening. In the event of illness or injury, I authorize Northern Regional Hospital to provide appropriate medical treatment for my child.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Junior Volunteer Applicant**

I understand that if accepted into the Junior Volunteer Program at Northern Regional Hospital, I am required to volunteer a minimum of eight (8) hours per week and comply with all program rules and regulations. I also understand that if I do not complete the required 40 hours before the program concludes, I will not receive credit for my participation.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



### **MANDATORY ESSAY**

Please write, in your own handwriting and in your own words, an essay of at least two paragraphs explaining why you would like to serve as a Junior Volunteer at Northern Regional Hospital. Be sure to include your expectations for the summer program and the qualities or experiences that you believe make you a strong candidate for volunteer service.

If additional space is needed, you may use the back of this page or attach an extra sheet.



### APPLICANT AGREEMENT

- I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge.
- I understand that acceptance into the Junior Volunteer Program is contingent upon successful completion of all required pre-placement processes, which may include, but are not limited to, an interview, reference verification, criminal background check, orientation, and tuberculosis (TB) screening.
- I acknowledge that any misrepresentation or omission of information may result in denial of acceptance or dismissal from the program.
- I authorize Northern Regional Hospital to verify the information contained in this application and to conduct a criminal background investigation if I am selected for participation in the Junior Volunteer Program.
- I agree to comply with all policies, procedures, and standards of Northern Regional Hospital.
- I understand that upon successful completion of all placement requirements and approval by Volunteer Services, I will serve as a Junior Volunteer. I further acknowledge that this is a volunteer position and that I will not receive compensation for my services.

### VOLUNTEER PLEDGE

- I will treat staff members, fellow volunteers, patients, and visitors with respect and courtesy, and I will maintain a positive, service-oriented attitude always.
- I will adhere to the Northern Regional Hospital Dress Code Policy by wearing khaki pants and closed-toe, closed-heel shoes. I will ensure that my uniform and ID badge are visible at all times. I understand that failure to comply with the dress code will not be permitted.
- I understand the importance of punctuality and will arrive on time and prepared to carry out my assigned responsibilities on my scheduled volunteer days.
- I understand that I must provide Volunteer Services with at least 24 hours' notice if I am unable to fulfill my scheduled volunteer commitment.

**PLEASE NOTE: You must return ALL the following documents to be considered for the program. Incomplete applications will not be accepted.**

- All Application Forms
- Signed Statement of Confidentiality
- Essay
- (2) Teacher Recommendation Forms

*(Teacher Recommendation forms must be in an envelope sealed and signed by your teacher.)*

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

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