Duke HomeCare & Hospice

JUNIOR VOLUNTEER STUDENT COUNSELOR FORM

Duke Hospice

(including Hock Family Pavilion)

For Junior Volunteer			
Print form, have your parents sign the form then ask your counselor to complete the hardcopy form. *Please do not mail this form.*			
For Parents			
As parent/guardian I hereby give my permission for the release of this required information.			
Student name (please print)			
Parent/Guardian Signature		Date	
For Counselor			
THIS FORM IS STRICTLY CONFIDENTIAL The student named below is applying for the Duke Raleigh Junior Volunteer Summer Program. **Please complete and return form directly to the student in a sealed envelope with your signature across the back of the envelope.** **A scanned copy of the completed form, including the parent/guardian signature and counselor reference may be emailed to drah_volunteerservices@dm.duke.edu before March 21, 2019.** If emailing, list "Counselor Reference for student's name (last name, first name)" in subject line.			
Name of School (please print)			
# of Tardies		# of Absences		# of Suspensions	
Grade Point Average:			
Please comment on whether or not you would recommend this student to serve in the Duke Raleigh Junior Volunteer Summer Program and why.			
Counselor Name (please print)		Counselor Signature	
Phone #		Email Address	
Questions? Contact Volunteer Services			
Duke HomeCare and Hospice	dhch-hospicevolunteerservices@dm.duke.edu	919-479-0396	