



## JUNIOR VOLUNTEER STUDENT COUNSELOR FORM

***Duke Raleigh Hospital***  
*(including Duke Wake County Cancer Center locations)*

For Junior Volunteer					
Print form. Have a parent/guardian sign the form and then provide form to your counselor to complete. <b><i>Please do not mail this form.</i></b>					
For Parents					
As parent/guardian I hereby give my permission for the release of this required information.					
Parent/Guardian Signature				Date	
For Counselor					
<p style="text-align: center;">THIS FORM IS STRICTLY CONFIDENTIAL</p> <p style="text-align: center;">The student named below is applying for the Duke Raleigh Junior Volunteer Summer Program.</p> <p style="text-align: center;"><b>Please complete and return form directly to the student in a sealed envelope with your signature across the back of the envelope.</b></p> <p style="text-align: center;"><b>A scanned copy of the completed form, including the parent/guardian signature and counselor reference may be emailed to <a href="mailto:drah_volunteerservices@dm.duke.edu">drah_volunteerservices@dm.duke.edu</a> before <u>April 3, 2020</u>.</b></p> <p style="text-align: center;">If emailing, list "Counselor Reference for student's name (last name, first name)" in subject line.</p>					
Student name (please print)					
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 Raleigh Hospital		<a href="mailto:drah_volunteerservices@dm.duke.edu">drah_volunteerservices@dm.duke.edu</a>		919-954-3887	