

**DUKE REGIONAL HOSPITAL  
JUNIOR VOLUNTEER STUDENT COUNSELOR FORM**

The student named below is applying for the Junior Volunteer Program at Duke Regional Hospital.

- **Please have your parent sign and date this form.**
- **Submit signed form to your Counselor for completion and signature. Ask your counselor to sign the form and place the form in a sealed envelope with his or her signature across the seal.**
- **Bring the sealed envelope to your interview.**
- **If you have questions, contact the Volunteer Services Office at 919-470-4150 or [DRHVolunteerServices@dm.duke.edu](mailto:DRHVolunteerServices@dm.duke.edu).**

**THIS REPORT IS STRICTLY CONFIDENTIAL**

Dear Counselor:

As Parent/Guardian, I hereby give my permission for the release of this requested information.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Print Clearly: \_\_\_\_\_

The following information is required:

Student name: (please print) \_\_\_\_\_

Name of School: (please print): \_\_\_\_\_

Number of: Tardies \_\_\_\_\_ Absences \_\_\_\_\_ Suspensions \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Please comment on whether or not you would recommend this student to serve in the Duke Regional Hospital Junior volunteer program.

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Counselor signature

Print Counselor name and telephone number

**Duke Regional is located at 3643 North Roxboro Street, Durham, NC 27704**