

**Iowa Lutheran Hospital
Volunteer Program**

Authorization to Release Information

The Volunteer Program at Iowa Lutheran Hospital requires that participants maintain a minimum grade point average of C+ Average (2.5). All of our students must be participating in high school and have high attendance records at school. In order to obtain information stating the student does meet the minimum requirement, parental or guardian permission must be given. Please complete the upper half of this form and take it to your guidance counselor so he/she can complete the lower portion of the form and return it to you.

This Information Will Be Confidential

I authorize the Volunteer Services Department of Iowa Lutheran hospital to contact the Guidance Office at _____ School to determine if my child _____ meets the minimum grade point average of C + (2.5). (We do not request the exact grade point average. We only need to verify whether the student meets the requirement).

Signed _____ Date: _____
(Parent or Guardian)

This portion is to be completed by the guidance counselor.

To: The Guidance Counselor's Office at _____ School

From: Iowa Lutheran Hospital Volunteer Services Department

_____ has applied to be a Volunteer at Iowa Lutheran Hospital. A minimum grade point average of C+ (2.5) is required in order to be a teenage volunteer. Please help us complete the student's application by answering the following questions below.

Does she/he meet the minimum grade point average of C+ (2.5)?

Yes ___ Or No ___

It is important to us that students not only excel as volunteers but academically as well. Do you feel that this student is able to balance home life, any extracurricular activities, possible employment, making a volunteer commitment along with keeping up with their studies?

Yes ___ Or No ___

If no to either question, do you recommend that an exception be made and the student be considered for acceptance into the program?

Yes ___ Or No ___ Please Explain: _____

Signed _____ Date _____

Phone #: _____

*You can return to student to be mailed with application or mail it directly to: **Volunteer Coordinator**, Iowa Lutheran Hospital, 700 E. University Ave., Des Moines, IA 50316*