

January 21, 2026

Dear Student STARS Prospect:

Thank you for your interest in volunteering this summer with CHRISTUS Trinity Mother Frances Health System's 23<sup>rd</sup> annual STARS Program. Our summer program is designed for students interested in pursuing healthcare careers. **STARS** (Students Taking Action to Reach Success) is a premier educational opportunity that allows students an introduction to healthcare careers and increases healthcare-issues awareness through job shadowing. As students job shadow, they witness firsthand the work environment, occupational skills in practice, the value of professional training, and potential healthcare career options. Job shadowing is designed to increase career awareness and reinforce the link between classroom learning and work requirements. **STARS** hear daily presentations by the professionals of CHRISTUS Trinity Mother Frances Health System. These speakers give special insight into various health care opportunities and issues.

**The following are requirements of applicants for the STARS Program:**

- Between 15-18 years of age by June 1, 2026, for June session and July 1, 2026, for July session.
- Completion and receipt in Volunteer Services of the enclosed application and essay by **Friday, March 6, 2026**.
- Completion of two recommendation forms, (enclosed) from a non-relative adult (Pastor, Sunday School Teacher, Teacher, School Counselor, etc.) by **Friday, Friday, March 6, 2026**. **These forms are required, as we use a point system to determine program acceptance, please do not submit separate recommendation letters.**
- No applications will be accepted after **Friday, March 6, 2026**.
- Participation in an interview (either in person or over the phone) in March or early April. Applicants will be emailed for an interview after completed packet is received (**please list an email on application that is checked regularly.**)
- Orientation must be complete by the orientation deadline given to students in their acceptance letters.
- After acceptance into the program, all applicants must provide Volunteer Services with shot records to include MMR, Varicella (chickenpox), TDAP (for pertussis, within the last 10 years), and Hep-B. Anyone age 18 and above must provide Volunteer Services with a current TB test (within the last year and provided by CTMF Occupational Health). Applicants under the age of 17 do not need a TB Test but they must complete a Tuberculosis Questionnaire form (given to them after acceptance into the program).
- **Application Agreement signed by both applicant and parent/guardian. This is a 4-week program. Applicants and their parents must read and sign this form stating that they can attend all 4 weeks of the program.**

**Program Information:**

- A limited number of students will be accepted. **Due to our limited numbers, we will only accept students who are able to attend a full session (all 4 weeks) in either June or July.** Students will be selected based on the essay, recommendation forms, interview, and ability to participate in one of the full four-week sessions in either June or July.
- STARS participate in **one** four-week session: Session I: June 2-25 or Session II: July 7-30 (choose session preference on application)
- STARS may job shadow either 8:30am - 1:00pm or 11:30am – 4:00pm or one full day (8:30am – 4:00pm) **ONCE a week (Tuesday, Wednesday, or Thursday)**
- All day STARS shadow four different departments per session, half-day STARS shadow two different departments per session.

If you have any questions, please email [annette.garcia@christushealth.org](mailto:annette.garcia@christushealth.org) or [stacy.warren@christushealth.org](mailto:stacy.warren@christushealth.org) or call Volunteer Services at (903)606-4435. We look forward to visiting with you.

Sincerely,



Annette Garcia  
Director of Volunteer Services  
CHRISTUS Trinity Mother Frances Health System

**CHRISTUS Trinity Mother Frances Health System**

Volunteer Services  
800 East Dawson  
Tyler, TX 75701  
**T:** 903.606.4435   **F:** 903.603.4703  
christushealth.org

**Your health. Your life. Our purpose.**





## PLEASE USE BLUE OR BLACK INK ONLY

Interview: \_\_\_\_\_ Orientation: \_\_\_\_\_  
 Date App. Rec'd \_\_\_\_\_ Session: \_\_\_\_\_  
 CB \_\_\_\_\_ RC   TB \_\_\_\_\_ MMR \_\_\_\_\_ DB \_\_\_\_\_  
 Vari/CP \_\_\_\_\_ Tdap \_\_\_\_\_ Picture \_\_\_\_\_ NB \_\_\_\_\_ /Exp \_\_\_\_\_

### STUDENT APPLICATION

Mr. Mrs. Name (Last)		(First)	(M)	Date	Social Security No.
Ms. Miss					
Address	(Number)	(Street)	(City)	(State)	(Zip Code)
Do you consider yourself Hispanic or Latino?  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Declined		Which category best describes your race? <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Declined			Are you a military dependent household?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone Number: _____		Daytime Phone Number: _____			
Email Address: _____		Fax Number: _____			
Cell Phone Number: _____					
Birth date: _____		Age as of June 1, 2026: _____			
Are you currently employed or enrolled in school?		<input type="checkbox"/> Yes <input type="checkbox"/> No Grade Classification: _____ Employer: _____			
School Name: _____		Job Title: _____			
Name of Emergency Contact: _____		Relationship to applicant: _____			
Emergency Contact Home Phone: _____		Emergency Contact Work Phone: _____			
Do you have previous volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your volunteer experience:  _____					
Hobbies and special interests:  _____					
Extracurricular activities:  _____					
Do you have relatives who currently work for CHRISTUS Trinity Mother Frances Health System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name, job title, and department:  _____					
What days & times are convenient for volunteering? (Circle all that apply, you can choose a half day or a whole day) <b>Please be specific about hours when you have transportation and no other commitments:</b>					
(AM = 8:30 – 1:00 PM = 11:30 – 4:00)		Tuesday	Wednesday	Thursday	
		AM / PM	AM/PM	AM / PM	
Mark the summer session that you can attend (As acceptance to the STARS program is limited, only students who are able to complete an entire 4-week session will be considered for the 2026 STARS Program):  <input type="checkbox"/> Session I: June 2-25, 2026 <input type="checkbox"/> Session II: July 7-30, 2026					

**Areas of interest (check all that apply, department availability is subject to change)**

<input type="checkbox"/> 3 BT MICU/SICU Nursing	<input type="checkbox"/> CRNA	<input type="checkbox"/> Outpatient Physical or Occupational Therapy-HPP*
<input type="checkbox"/> 4 BT ICU/IMC Nursing	<input type="checkbox"/> CTC Endoscopy (DDC)	<input type="checkbox"/> Outpatient Physical or Occupational Therapy-HOHP *
<input type="checkbox"/> 5 BT Tower Oncology Nursing	<input type="checkbox"/> CTC Heart & Vascular Institute (Outpatient Cath-Lab) *	<input type="checkbox"/> Outpatient Physical or Occupational Therapy -OSMI *
<input type="checkbox"/> 2 Dawson Labor & Delivery Nursing	<input type="checkbox"/> CTC Maternal Fetal Medicine Clinic *	<input type="checkbox"/> Pre-Op Holding Nursing (before surgery)
<input type="checkbox"/> 3 Dawson Medical Nursing	<input type="checkbox"/> CTC Ophthalmology, Optometry at Health Park Plaza *	<input type="checkbox"/> Radiology
<input type="checkbox"/> 4 Dawson Medical/Memory Care Nursing	<input type="checkbox"/> CTC Orthopedics (South Tyler OSMI) *	<input type="checkbox"/> Radiology Special Procedures
<input type="checkbox"/> 5 Dawson Mother/Baby Nursing	<input type="checkbox"/> CTC Pediatrics at (Turtle Creek or HOHP) *	<input type="checkbox"/> Recovery Nursing (Post-Op-after surgery)
<input type="checkbox"/> 3 Houston Observation Care Center Nursing	<input type="checkbox"/> CTC Pulmonary	<input type="checkbox"/> Respiratory Therapy (Pulmonary)
<input type="checkbox"/> 4 Houston Med/Surg Nursing	<input type="checkbox"/> CTC Urology	<input type="checkbox"/> Sonography (Ultrasound)
<input type="checkbox"/> 3 LPOHH Cardiac ICU Nursing	<input type="checkbox"/> Emergency Care Center Nursing (ER)	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> 4 LPOHH Telemetry Nursing	<input type="checkbox"/> Emergency Care Center Sepsis Coordinator	<input type="checkbox"/> Sterile Processing
<input type="checkbox"/> 6 LPOHH Pulmonary Nursing	<input type="checkbox"/> ECHO	<input type="checkbox"/> South Tyler OR (Surgery)*
<input type="checkbox"/> 4 Ornelas Nursing Unit-Neuro Patients	<input type="checkbox"/> EKG	<input type="checkbox"/> South Tyler ECC (Nurse or Physician) *
<input type="checkbox"/> 4 Ornelas Neuro ICU Nursing	<input type="checkbox"/> MRI	<input type="checkbox"/> Transportation
<input type="checkbox"/> 5 Ornelas Nursing Unit-Med/Surg Patients	<input type="checkbox"/> NETCARI Pet Scan	
<input type="checkbox"/> 6 Ornelas Nursing Unit-Ortho Patients	<input type="checkbox"/> NETCARI Surgical Oncology	
<input type="checkbox"/> Biomed	<input type="checkbox"/> Neonatal ICU (NICU) Nursing	
<input type="checkbox"/> CAT Scan	<input type="checkbox"/> Nuclear Medicine	
<input type="checkbox"/> Cath Lab	<input type="checkbox"/> Outpatient Infusion at NorthPark	

\* Applicant must have their own transportation to and from these off-campus sites

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing or pled no contest for any criminal offense (felony or misdemeanor) other than a minor traffic violation?  Yes  No

If yes, please state circumstances i.e. date, place, charge, court and action taken:

Are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?):  Yes  No

If yes, please state circumstances i.e. date, place, charge, court and action taken:

I hereby allow CHRISTUS Trinity Mother Frances Health System to perform a check of my background including criminal record, personal reference, driving records, past employment history, physician, or therapist as appropriate for the volunteer tasks in which I have expressed an interest.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I am applying to be a volunteer, not a paid employee, at CHRISTUS Trinity Mother Frances Health System. I understand that I am authorized solely to perform tasks assigned specifically to me. I understand I must follow all rules and regulations of CHRISTUS Trinity Mother Frances Health System (CTMF). I understand that all information concerning CTMF, and its patients, is strictly confidential, and I hereby agree to maintain this confidentiality. I agree to accept full responsibility and to hold harmless CHRISTUS Trinity Mother Frances Health System, its affiliated entities, employers, directors, officers, trustees, or agents from any and all claims and damages that may arise from my participation in the volunteer program.

I have read and understand the above and agree to comply with all rules and regulations of CHRISTUS Trinity Mother Frances Health System and the Volunteer Services Department. I understand that failure to comply with such rules and regulations may be cause for my removal from the volunteer program. I understand the Volunteer Services Department is not obligated to provide a placement, nor am I obligated to accept the position offered. No offer of volunteer placement can constitute an agreement contrary to above.

I certify that all statements given on this application are correct and realize that omission, falsification, or misrepresentation of any information on this application or any other personal record may result in not being placed in a volunteer position or in discharge, no matter when discovered. In the event I volunteer, I agree to abide by all present and subsequently issued procedures, policies, rules, and regulations of the organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The volunteer applicant is a minor.** I hereby give my permission for \_\_\_\_\_ to perform volunteer work for CHRISTUS Trinity Mother Frances Health System and take a TB (Tuberculosis) skin test.

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

- **If you are accepted for the STARS program, you are required attend Orientation, provide CTMF with immunization records (MMR, Tdap, Varicella and Hep-B) and take a TB test (age 18 and above) or complete a Tuberculosis Screening for ages 17 and under. More information on these items will be given upon acceptance to the STARS program.**
- **Your acceptance into the STARS program is based on a point system that considers your essay, interview, references, criminal background check, and availability of how many students we can accept into the program.**

Please complete the following essay question:

**PLEASE USE BLUE OR BLACK INK ONLY**

**Why do you want to be part of the Student STARS Program?**

(You may write your essay here or type your essay and attach it to this application)

Return completed application and essay by **Friday, March 6, 2026**, to:

Volunteer Services

800 East Dawson

Tyler, TX 75701

Fax: (903) 606-4703

# CHRISTUS # 14608

## VOLUNTEER AUTHORIZATION

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

In connection with your relationship with CHRISTUS, we may procure consumer reports about you for employment purposes.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION above and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (attached) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports," including criminal background checks, by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of, and/or itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes  No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB \_\_\_\_\_ Last four digits of SSN \_\_\_\_\_

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

Please detach these next 3 pages and keep for your records.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
I.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

# PLEASE USE BLUE OR BLACK INK ONLY

Recommendation for  
CHRISTUS Trinity Mother Frances Hospitals and Clinics  
Student STARS Program

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please evaluate the above-named student; on a 1 to 5 scale (1 represents not recommended and 5 represents highly recommended). Your responses will be held in strictest confidence. Please circle the appropriate response.

1. **Cooperation** – Includes ability to get along with others, accept authority and follow instructions, adaptability, tactfulness, and flexibility.

1                    2                    3                    4                    5

2. **Character** – Includes loyalty, integrity, sincerity, and concern for others.

1                    2                    3                    4                    5

3. **Conscientiousness** – Includes willingness to work, perseverance, and work habits, attention to detail.

1                    2                    3                    4                    5

4. **Initiative** – Includes intellectual curiosity, willingness to attempt new things, resourcefulness.

1                    2                    3                    4                    5

5. **Reliability** – Includes dependability, good judgment, honesty, and ability to function with minimal supervision.

1                    2                    3                    4                    5

6. **Emotional Control** – Includes maturity, poise, stability, and self-confidence.

1                    2                    3                    4                    5

7. **Leadership Ability** – Includes objectivity, patience, and ability to accept responsibility.

1                    2                    3                    4                    5

## Recommendation Key

1 – Not recommended                            4 – Recommended with Confidence

2 – Recommended with Reservation            5 – Highly Recommended

3 – Recommended

# PLEASE USE BLUE OR BLACK INK ONLY

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation Completed by (Signature & Title)

Date

Please return by **Friday, March 6, 2026**

to Volunteer Services via:

Email: [annette.garcia@christushealth.org](mailto:annette.garcia@christushealth.org),

Fax: (903) 606-4703, or mail to

Volunteer Services \*800 East Dawson, Tyler, TX 75701



# PLEASE USE BLUE OR BLACK INK ONLY

Recommendation for  
CHRISTUS Trinity Mother Frances Hospitals and Clinics  
Student STARS Program

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please evaluate the above-named student; on a 1 to 5 scale (1 represents not recommended and 5 represents highly recommended). Your responses will be held in strictest confidence. Please circle the appropriate response.

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1                    2                    3                    4                    5

2. **Character** – Includes loyalty, integrity, sincerity, and concern for others.

1                    2                    3                    4                    5

3. **Conscientiousness** – Includes willingness to work, perseverance, and work habits, attention to detail.

1                    2                    3                    4                    5

4. **Initiative** – Includes intellectual curiosity, willingness to attempt new things, resourcefulness.

1                    2                    3                    4                    5

5. **Reliability** – Includes dependability, good judgment, honesty, and ability to function with minimal supervision.

1                    2                    3                    4                    5

6. **Emotional Control** – Includes maturity, poise, stability, and self-confidence.

1                    2                    3                    4                    5

7. **Leadership Ability** – Includes objectivity, patience, and ability to accept responsibility.

1                    2                    3                    4                    5

## Recommendation Key

1 – Not recommended                            4 – Recommended with Confidence

2 – Recommended with Reservation            5 – Highly Recommended

3 – Recommended

# PLEASE USE BLUE OR BLACK INK ONLY

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation Completed by (Signature & Title)

Date

Please return by **Friday, March 6, 2026**

to Volunteer Services via:

Email: [annette.garcia@christushealth.org](mailto:annette.garcia@christushealth.org),

Fax: (903) 606-4703, or mail to

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