

January 2024

Dear Interested Student Volunteer:

Thank you for your interest in volunteering at Piedmont Eastside Medical Center. I realize summers are busy times for teens and I think it is wonderful that you are considering sharing a part of yours with us! Please remember you must be **16 years old by June 1**st and hold a grade point average of 3.0 or higher in order to be considered for this year's program.

In order to participate in the teen volunteer program, you *must* be able to:

- 1) Attend a mandatory orientation session on Saturday, May 25, 2024 from 9:00 am to 11:00am.
- Volunteer one or two days per week, for a 4-hour shift (the same day and time each week) for at least 6 of the 8 weeks of the program. The program begins June 3rd and ends July 26th.
- 3) Purchase a uniform (approximately \$20).
- 4) Complete two TB test, provide proof of Measles, Mumps, Rubella, and Varicella immunity, as well as provide proof of COVID-19 vaccination.

Enclosed are two reference forms, an application form, and a student contract to be completed and returned to me by April 26, 2024.

Please write your name on the reference forms and have the references completed by **two different teachers from your core classes and your guidance counselor**. You will need to complete the application form, a 100-300 word essay as to why you want to volunteer, and the student contract (a parent/guardian will also sign the application). If the necessary paperwork is not complete, you will not be considered for the program. It is your responsibility to ensure that reference letters are completed on time.

You will be notified if you are or are not accepted into the program, no later than May 17th. If you are accepted, you will be contacted with next steps.

Thank you so much for your interest and I look forward to hearing from you soon!

Sincerely,

Saura Hannah

Laura Hannah Coordinator of Volunteer Services Piedmont Eastside Medical Center 1700 Medical Way Snellville, Georgia 30078

2024 TEEN VOLUNTEER APPLICATION PIEDMONT EASTSIDE MEDICAL

Name:		Date:
	Email:	
Age*: Date of Birth:	Male (_) Female (_) Other (_)	
*Applicant must be 16 years old befo	re June 1, 2024	
Emergency Contact Name:	Relationsh	nip:
Emergency Contact Number: _		
Parent/Guardian Name:		
	ne Number:	
Parent/Guardian Employer:		
Parent/Guardian Name:		
	ne Number:	
School:		City:
	Grade:	
	at you feel would interfere with your performance of you feel would allow you to perform these dutie	
Hobbies, Special Interests, Tale	ents & Skills:	
Community/School Activities (church, clubs, organizations):	
Work Experience:		
	are career? Yes (_) No (_) Unsure (_)	
If so, what area?		
If not, what is your ambition?		

Teen volunteers must be able to volunteer one four-hour shift per week and be able to volunteer at least six of the eight weeks of the program.

Day Availability (circle all the	at apply)			
Monday	Tuesday	Wednesday	Thursday	Friday
Shift Availability (check all th	at apply)			
Mornings: Afternoons:	8am-12pm 12:30pm-4:30pm	8:30am-12:30pm 1pm-5pm	9am-1pm	

<u>Areas of possible interest</u>: (circle all that apply) Breast Diagnostic Center, Cardiology, Case Management, Cardiac Care Unit, Intensive Care Unit, Progressive Care Unit, Radiology, Emergency Department, Food & Nutrition Services, Gift Shop, Medical Records Department, Human Resources, Infection Prevention, Joint and Spine Unit, Laboratory, Medical Unit, Surgical Unit, Surgical Services, Pharmacy, Physical Therapy, Respiratory Therapy Dept., Security, Materials Management Dept., Women's Services, Wound Care

NOTE: Volunteers will only be *scheduled* for one shift each week (the same day and time each week); however, the more available you are (the more days and times you check above) the better your chances become of being placed in an area of interest to you. You will have an opportunity to rank the various volunteer service areas at orientation. For instance, if you indicate that you can only volunteer on Monday afternoons, you will be assigned to an area that needs help on Monday afternoon regardless of how you rank that area in terms of your interest.

On a separate page, type a **100-300 word** essay describing why you want to volunteer / how you can be helpful to the program. Your application is not complete without the essay.

TO BE SIGNED BY TEEN:

Since the hospital will depend upon me for the time I agree to work, when it is necessary for me to be out, I will notify my supervisor and the Volunteer Office of my absence. I understand that I am expected to miss no more than two weeks (two shifts) during the program which begins June 3rd and ends July 26th.

Signature

Date

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN:

My child ______has my consent to volunteer at Piedmont Eastside Medical Center and to attend the necessary orientation program for his/her work in this program. I give permission for him/her to render the number of hours of service required, missing no more than 2 shifts (two weeks) of service due to vacation or camp, and to attend meetings and participate in other activities of the program.

I understand that all medical or health care (emergency or otherwise) that a volunteer receives at Piedmont Eastside Medical will be at the expense of the individual involved.

Piedmont Eastside Medical Teen Volunteer Contract

If I serve as a Teen Volunteer for Piedmont Eastside Medical Center, I pledge to make the following commitment:

- 1) To be dependable and fulfill my volunteer assignment.
- 2) To be open to learning about the hospital, its services, and rules about my volunteer duties by asking questions when needed and accepting guidance and directions graciously.
- 3) To conduct myself with dignity, courtesy and thoughtfulness.
- 4) To obey the dress code:
 - a. Red Piedmont Eastside T-shirt
 - b. Long khaki pant (no jeans/denim or stretch pants allowed)
 - c. Hospital issued picture ID (this is part of the uniform and must be visible when you are serving at the hospital)
 - d. Tennis shoes (socks must be worn)
 - e. Simple jewelry
 - f. Windbreakers, athletic jackets, sweaters and sweatshirts are not permitted. A long-sleeve white or black t-shirt may be worn under the polo
 - g. Perfume, cologne or after shave is not permitted
- 5) To be pleasant; I will have a friendly and positive attitude.
- 6) No use of cell phones in patient areas or during volunteer shift, unless emergencies.
- 7) To abide by the rules and regulations set by the Volunteer Services Department of Piedmont Eastside Medical Center.

Date

Toon	Name:
reen	Name.

Dear TEACHER:

has applied for acceptance in the Teen Volunteer Program at Piedmont Eastside Medical Center for the summer of 2024. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. Thank you for taking time to complete this reference.

1) Please indicate your evaluation of the applicant with a check mark in the appropriate fields below.

	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
TRUSTWORTHINESS				
INITIATIVE				
LEADERSHIP				
MATURITY				
TEAM SKILLS				
DEPENDABILITY				
INTERPERSONAL SKILLS				

2) Summary Evaluation

- □ Recommend without reservation
- □ Recommend with reservation (please provide reservations below)
- \Box Do not recommend
- 3) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

Your name:	
School:	
Class/Subject:	

Sign:

_____ Date: _____

Forms may be returned to the student for submission (provided they are sealed and your signature is across the seal) or sent directly to the Volunteer Services office at the email or fax below.

References must be submitted by April 30th.

Piedmont Eastside Medical Volunteer Services Attn: Laura Hannah Email: Laura.Hannah@piedmont.org Fax: 770-736-2261 Phone: 770-736-2552

Toon	Name:
reen	Name.

Dear TEACHER:

has applied for acceptance in the Teen Volunteer Program at Piedmont Eastside Medical Center for the summer of 2024. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. Thank you for taking time to complete this reference.

4) Please indicate your evaluation of the applicant with a check mark in the appropriate fields below.

	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
TRUSTWORTHINESS				
INITIATIVE				
LEADERSHIP				
MATURITY				
TEAM SKILLS				
DEPENDABILITY				
INTERPERSONAL SKILLS				

5) Summary Evaluation

- □ Recommend without reservation
- □ Recommend with reservation (please provide reservations below)
- \Box Do not recommend
- 6) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

Your name:	
School:	
Class/Subject:	

Sign: _____

• •

_____ Date: _____

Forms may be returned to the student for submission (provided they are sealed and your signature is across the seal) or sent directly to the Volunteer Services office at the email or fax below.

References must be submitted by April 30th.

Piedmont Eastside Medical Volunteer Services Attn: Laura Hannah Email: Laura.Hannah@piedmont.org Fax: 770-736-2261 Phone: 770-736-2552

Dear GUIDANCE COUNSELOR:

has applied for acceptance in the Teen Volunteer Program at Piedmont Eastside Medical Center for the summer of 2024. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. They are also required to have a 3.0 GPA at the time of applying to the program. Thank you for taking time to complete this reference.

- 1) Student's cumulative GPA:
- 2) Please indicate your evaluation of the applicant with a check mark in the appropriate fields below.

	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
TRUSTWORTHINESS				
INITIATIVE				
LEADERSHIP				
MATURITY				
TEAM SKILLS				
DEPENDABILITY				
INTERPERSONAL SKILLS				

3) Summary Evaluation

- □ Recommend without reservation
- □ Recommend with reservation (please provide reservations below)

School: _____

- □ Do not recommend
- 4) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

Your name: ______

Sign: ______ Date: _____

Forms may be returned to the student for submission (provided they are sealed and your signature is across the seal) or sent directly to the Volunteer Services office at the email or fax below.

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