

Letter to Applicant

Thank you for your interest in the 2014 Summer Volunteer Program. The Summer Volunteer Program is for students ages 14-18 (applicant must be 14 by June 1, 2014). Due to the large number of students interested in the Program, **it is essential that you pay close attention to the information given to you and that you are aware of the deadline by which this information must be returned to Volunteer Services.** In order to ensure the quality of the Program, there are limited spaces available. In the event that the number of registrants exceeds the number of available spots, a lottery system may result. **Late or incomplete packets will not be considered.**

A Mandatory Orientation will be held Monday, June 16. Orientation is mandated by The Joint Commission, a government agency that accredits hospitals. **There will be no makeup dates given.** We stress this to you because if there are already unavoidable conflicts with these dates, hospital policy will not permit you to participate this year.

This year the Volunteer Program will run from June 16-August 8, 2014. Each teen is required to volunteer two full days a week that will be assigned and remain the same throughout the summer from 8:45 a.m.-4:00 p.m. Each student must volunteer for a minimum of 120 hours in order to complete the Program and to be eligible to return as a Volunteer throughout the school year and/or the following summer.

The Volunteer Program's primary aim is to teach the value of community service and to provide experiences that foster inner growth, maturity and strengthen a service-oriented mind. Volunteers are not allowed to administer any type of clinical care. Although most of the volunteer work will involve running errands for staff and patients or clerical duties, each task is performed in the Medical Center setting, providing a wonderful opportunity for students to learn and explore healthcare careers. Participants will be required to purchase a uniform and must comply with all Medical Center policies and procedures at all times.

Applications must be mailed and received in the Volunteer Office no later than 5 p.m. on March 14, 2014. All forms must be placed together in a large envelope. Packets must be filled out completely and correctly for further consideration for the Program. If packets are received and are incomplete, they will not be considered eligible for registration.

Spaces are limited. In the event the number of applicants exceeds the number of spaces available, a lottery system may be utilized. All applicants will be informed of their status by May 16, 2014. Teens that are selected to participate will continue in the registration process and will be invited to attend a group information session, **with a parent**, in May to learn more details about the Program and to ensure that each student knows what to expect from the Program. **There will be no exceptions to the deadline and requirements stated.**

Thank you for your interest in the Summer Volunteer Program! Please let me know if you have questions!

Sincerely,

Brittany Snow
Manager, Volunteer Services
Wake Forest Baptist Health
bsnow@wakehealth.edu
(336) 713-3519

2014 Checklist for Volunteer Registration

Due Date: no later than 5:00 p.m. on March 14, 2014

Following instructions closely is an important step to becoming a Volunteer and will show Volunteer Services that you are responsible. This list is to ensure that you have no confusion about what you need to do to become a Volunteer and to make certain that all forms are completed and turned in on time.

Check each of the following off as you complete them. **Do NOT wait until the last minute to complete these forms. Deadline extensions are not permitted.** Good luck!

_____ Locate the application packet posted on the Volunteer Services web site and read through the forms with a parent. Discuss summer plans and whether you will be able to attend orientation on June 16 from 8:45am-4pm **and** if you can commit to volunteering two days per week from June 16-August 8. We stress this to you because if there are already unavoidable conflicts with these dates, hospital policy will not permit you to participate this year.

_____ Fill out the application neatly and completely. It is preferred that you type in the form if using the Microsoft Word Document format but if you do not have access to Word, please complete the application in Adobe pdf format neatly by hand.

_____ Ask two of your *current* core curriculum teachers to fill out a recommendation form for you. Be sure to give each teacher at least two days to complete the form and ask each to **put the form in a signed and sealed envelope.** Unsealed & unsigned envelopes will not be accepted and will be considered incomplete. Place the recommendations with your application packet to be turned in to Volunteer Services. **Note: Please have teachers return forms directly to YOU-do not depend on them to mail them to us-they need to be returned with all of your forms!**

_____ Have your doctor fill out the immunization form **and SIGN IT.** Please use the form provided in this packet. Documentation of the following must also be provided:

- TB skin test that has been administered and read after January 2014
- seasonal flu vaccine, administered between September 2013 and March 2014

_____ Complete packets must contain the following forms:

- Application
- 2 Teacher Recommendations
- Health Form and documentation of TB test and flu vaccines

Do not include the Letter to Applicant or the Checklist in your application. They are meant for your purposes only.

_____ Place all forms in a large envelope and mail to:
**Wake Forest Baptist Health
Volunteer Services Attn: Brittany Snow
Medical Center Boulevard
Winston-Salem, NC 27157**

Application packets must be received no later than 5pm on Friday, March 14, 2014.

2014 Volunteer Application

Contact Information

Name (First, Middle & Last)	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Current School & Grade	
Have you applied to the Program in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Legal Guardian Information

Name	
Work Phone	
Cell Phone	
Home Phone	
E-Mail Address	

Availability

Tell us which days you are most available to volunteer. Rank in order of preference (1 being your top choice).

- ___Monday
- ___Tuesday
- ___Wednesday
- ___Thursday
- ___Friday

Activities

Please list any activities that you are involved in throughout the school year & summer, including: employment, volunteer work, hobbies, clubs organizations or sports. Also, please list any academic honors you have received.

Essay Questions

Please answer the following questions briefly.

How do you feel you can make a difference at the Medical Center? Please list any special skills you feel could benefit our patients, staff and guests.

What distinguishes you from your peers?

How do you handle new and sometimes uncomfortable situations?

How do you plan to balance volunteering 2 days per week with a busy summer schedule?

What do you hope to gain from participating in the Medical Center's 2014 Summer Volunteer Program?

Applicant Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	/ /

Parental Consent

I, _____, have read all registration information and consent to allow my child, _____, to apply and to be considered for the 2014 Summer Volunteer Program.

Signature: _____ Date: / /

2014 Volunteen Teacher Recommendation Form

Applicant Information

Name	
Current Grade Level	
School	

Teacher Information

Name	
Subject	
Phone Number	
E-Mail Address	

TO THE APPLICANT: Fill out the Applicant Information section above and take it to a current core curriculum teacher whom you have asked to recommend you for our Program. Please allow your teacher at least two days to complete the recommendation form. Forms must be returned to Volunteer Services in a signed and sealed envelope along with the rest of your application by **March 14, 2014**.

TO THE RECOMMENDER: Please answer the following questions about the student named above. This student is applying to the Summer Volunteen Program at Wake Forest Baptist Health. The Medical Center is a very sensitive environment that requires a great deal of maturity but also the ability to adapt to new situations. We would appreciate your insight about the student's responsibility and dependability as well as his/her maturity. In addition, any comments that would help us to learn more about this student are welcomed.

Please make sure to place this form in a sealed envelope and place your signature across the seal. Please make sure to return this form to the applicant in time for it to be returned to us by March 14, 2014.

On a scale from 1 to 5, rate the applicant on the following items.

1 = Strongly Disagree 2 = Disagree 3 = Unknown 4 = Agree 5 = Strongly Agree

I know the applicant very well.	1	2	3	4	5
I can depend on the applicant to complete assigned task without prompting.	1	2	3	4	5
The applicant acts maturely around both his/her peers and adults.	1	2	3	4	5
The applicant does not create classroom disruptions.	1	2	3	4	5
The applicant will have no trouble adhering to all policies & procedures, including the restriction of cell phone usage on Medical Center property.	1	2	3	4	5
There are no behavioral issues with the applicant.	1	2	3	4	5
The applicant adapts well to new situations.	1	2	3	4	5
The applicant would have no problem dedicating their summer to others and fulfilling a 120 hour volunteer requirement.	1	2	3	4	5

Teacher's Signature

Date

2014 Volunteen Teacher Recommendation Form

Applicant Information

Name	
Current Grade Level	
School	

Teacher Information

Name	
Subject	
Phone Number	
E-Mail Address	

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The applicant will have no trouble adhering to all policies & procedures, including the restriction of cell phone usage on Medical Center property.	1	2	3	4	5
There are no behavioral issues with the applicant.	1	2	3	4	5
The applicant adapts well to new situations.	1	2	3	4	5
The applicant would have no problem dedicating their summer to others and fulfilling a 120 hour volunteer requirement.	1	2	3	4	5

Teacher's Signature _____

Date _____



Employee Health Services

Volunteer Health Documentation Record 2014

Please complete the form below and/or attach record of required immunizations.

Last Name: _____ First Name: _____ Middle Name: _____

SSN: _____ Date of Birth: ____ / ____ / ____

Measles Vaccine or MMR		OR	Measles Antibody				
Date 1: ____ / ____ / ____ Date 2: ____ / ____ / ____			Date: ____ / ____ / ____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative				
Mumps Vaccine		OR	Mumps Antibody				
Date: ____ / ____ / ____			Date: ____ / ____ / ____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative				
Rubella Vaccine		OR	Rubella Antibody				
Date: ____ / ____ / ____			Date: ____ / ____ / ____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative				
Hepatitis B Vaccine							
Date 1: ____ / ____ / ____ Date 2: ____ / ____ / ____ Date 3: ____ / ____ / ____			Hep B Antibody Date 1: ____ / ____ / ____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative				
History of Chicken Pox		OR	Varicella Vaccine		OR	Varicella Antibody	
<input type="checkbox"/> Yes <input type="checkbox"/> No			Date 1: ____ / ____ / ____ Date 2: ____ / ____ / ____			Date: ____ / ____ / ____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Flu Shot (must be between Sept 2013- March 2014)				TB Skin Test (must be since January 2014)			
<input type="checkbox"/> Yes <input type="checkbox"/> No				TB Skin Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
Date: ____ / ____ / ____				Date: ____ / ____ / ____			
Other pertinent health history							

To my knowledge, this individual is free from communicable diseases that could pose significant risk to the health and safety of others, and has no physical or mental conditions which would prevent him/her from performing the essential duties required with or without reasonable accommodations.

Signature of Health Care Provider

Date

All information on this form is Personal and Confidential.

Place stamp of
Provider/Medical Clinic
here.