

Letter to Applicant

Thank you for your interest in the 2017 Summer Volunteer Program. The Summer Volunteer Program is for students ages 14-18 (applicant must be 14 by June 1, 2017). 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 March 10, 2017 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. **Late or incomplete packets will not be considered.**

Mandatory Orientation for Lexington Medical Center volunteers will be held Friday, June 23 from 2:00pm-5:00pm. 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 this date, hospital policy will not permit you to participate this year.

This year the Volunteer Program will run from Monday, June 26-Friday, August 11, 2017. Each teen is required to volunteer two full days a week that will be assigned and remain the same throughout the summer from 8:45am-4:00pm. Each student must volunteer for a minimum of 112 hours in order to complete the requirements for the program and to be eligible to return as a Volunteer throughout the school year and/or the following summer. Volunteer may miss up to 4 volunteer days (two weeks) of the program. However, some days will need to be made up to attain the required hours. Volunteering for additional days in excess will not be allowed due to scheduling and staff constraints.

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. While educational opportunities will be provided, this program is in no way a shadowing experience.

Two things must happen for a complete submission: 1. Online Application must be submitted online by the deadline, and 2. Application Packet must be received by mail, or dropped off in Volunteer Services no later than 5:00 pm on March 10, 2017. For the application packet, all forms must be placed together in a large envelope including essay questions and teacher recommendations. 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. Due to the large number of packets, staff can not provide updates of completeness, only confirmation that they have been received.

All applicants will be informed of their status by May 1, 2017. Teens who 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 S. Wissick
Manager, Volunteer Services
Wake Forest Baptist Health
bsnow@wakehealth.edu
(336) 713-3519

2017 Checklist for Volunteen Registration

Due Date: no later than 5:00 p.m. on March 10, 2017

Following instructions closely is an important step to becoming a Volunteen 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 Volunteen 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 and complete the application posted on the Volunteer Services website and read through additional forms with a parent. Discuss summer plans and whether you will be able to attend orientation on June 23th from 2:00pm to 5:00pm, **and** if you can commit to volunteering two days per week from June 26- August 11. We stress this to you because if there are already unavoidable conflicts with these dates, our policy will not permit you to participate this year.

Complete the online application, making sure to fill out all fields with accurate contact information. **It is preferred that you type in the form and submit it through our website.** If you are having trouble submitting the application electronically, it can be printed.

Ask two of your *current* core curriculum teachers to fill out a recommendation form for you. Be sure to give each teacher adequate time to complete the form. **Recommenders should put the form in a signed and sealed envelope.** Unsealed & unsigned envelopes will not be accepted resulting in incompleteness of materials. Place the recommendations and additional forms in a 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!***

Complete packets must contain the following forms:

- Essay Questions
- Signed Agreement and Parental Consent
- 2 Teacher Recommendations

Place all forms in a large envelope and mail to or drop off at:

**Wake Forest Baptist Health
Volunteer Services
Attn: Brittany S. Wissick
Medical Center Boulevard
Winston-Salem, NC 27157**

If you are selected to participate in the 2017 Summer Volunteen program you will be responsible for providing immunization records and documentation of a TB skin test by Friday, June 9th.

Under WFBH policy, it is mandatory for all volunteers to be t.b. tested, and/ or provide documentation of negative results within 3 months of testing. You may not participate in the program if you are unwilling to receive a TB test or provide documentation of negative results.

2017 Essay Questions

Essay Questions

Please answer the following questions below:

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

We have a no tolerance cell phone policy. Explain how you feel not using a cell phone will be beneficial to you and our a volunteer program?

How do you handle and adapt to new and sometimes uncomfortable situations?

How do you plan to balance volunteering 2 days per week with a busy summer schedule, and will you be able to fulfill the 112 hour commitment?

What do you hope to gain from participating in the Medical Center's 2017 Summer Volunteer Program?

2017 Agreement and Parental Consent

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 2017 Summer Volunteer Program.

Signature: _____ Date: ____ / ____ / ____

Parental Contact Information

Telephone Numbers

Home:

Cell:

Work:

Email Address:

2017 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 10, 2017**.

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 10, 2017.

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 112 hour volunteer requirement.	1	2	3	4	5

Teacher's Signature

Date

2017 Volunteen Teacher Recommendation Form

Applicant Information

Name	
Current Grade Level	
School	

Teacher Information

Name	
Subject	
Phone Number	
E-Mail Address	

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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 112 hour volunteer requirement.	1	2	3	4	5

Teacher's Signature _____

Date _____