

2019 Summer VolunTeen Request Form

Please return to Volunteer Services by Friday, May 31

Program Dates: June 24 - August 2

Requested By: _____ Telephone #: _____

Email: _____

VolunTeen Area: _____

Building/Floor: _____

Brief directions to the area from Volunteer Services - Main/Ardmore:

Please indicate the number of VolunTeens you can host on each designated day:

	Monday	Tuesday	Wednesday	Thursday	Friday	
(9-12pm) AM						Note: Fridays are sub days
(1-4 pm) PM						

Send a sub when the Mon - Thurs scheduled VolunTeen is absent?: YES

Type of Assignment:

Customer Service

Patient Services/Support (Patient Aid)

Running Errands for Patients and Staff

Employee Services/Support

Computer Support

Office Administration/Support (Clerical)

Observation

Training Required:

Competencies (i.e. ability to work with people, understand and practice infection control, recognize/respect the multi-cultural needs of our patients and their families)

Name/Title of Employee Who Will Supervise/train the VolunTeens:

Email: _____

Telephone: _____

Name/Title of Employee Who Will Supervise/train the VolunTeens:

Email: _____

Telephone: _____

Please remember to include VolunTeens as part of your team

Signature of Requestor

Date of Request