

# WFBH High Point PATH VolunTeen Program Applicant

Thank you for your interest in the 2021 WFBH High Point PATH VolunTeen Program! The Program is designated for students ages 14-18 (applicant must be 14 years old by June 1, 2021 and not graduating this school year). Due to the large number of students interested in the Program, **it is essential that you pay close attention to the information provided to you and that you are aware of the 5pm, Wednesday, March 31, 2021 deadline by which ALL of the application packet information must be submitted to WFBH High Point Medical Center Volunteer Services.** In order to ensure the quality of the Program, there are limited spaces available. **Late or incomplete packets will not be considered.**

**Attendance to the PATH VolunTeen Orientation is mandatory.**

The **4-week** Summer VolunTeen Program will run from **Monday, July 12<sup>th</sup> - Friday, August 6<sup>th</sup>**. Each VolunTeen will be required to volunteer **2 full assigned days each week**. The assigned Monday – Thursday volunteer days will remain the same each week from **8:30am - 4pm**. Each VolunTeen must dedicate **64 volunteer hours** in order to complete the requirements for the Program and participate in the Program the following summer (if eligible). Sub days will be available with prior approval. Volunteering more than the required 64 hours will not be allowed due to scheduling and staff constraints.

The PATH VolunTeen Program's primary goal is to teach the Medical Center's core values and provide experiences that foster inner growth, maturity and strengthen a service-oriented mind. VolunTeens are not allowed to administer any type of clinical care. The VolunTeen duties will help to enhance the patient and family centered care provided each day. **VolunTeen duties are customer service driven and will involve various departmental tasks as well as performing administrative duties.** Each task is performed in the Medical Center setting, providing a wonderful opportunity for students to learn and explore healthcare careers while helping our patients and guests have a positive experience during their visit. While educational opportunities will be provided, this Program is not a shadowing/observation experience.

**A complete application packet contains: An online Application submitted by the deadline and a complete Application Packet that must be mailed, interoffice, or dropped off in WFBH High Point Volunteer Services no later than 5pm on March 31, 2021. All documents in the application packet must be submitted together and filled out completely/correctly for further consideration for the Program.** If an incomplete packet is received, it will not be considered eligible for review. Due to the large number of expected applicants, the Volunteer Services staff is not able to provide information of completeness, only confirmation that the application packet has been received.

The completed application packets will be reviewed by the Selection Committee to determine which students will be invited to participate in the Program. All applicants will be informed of their status by May 1, 2021. The selected participants will be required to attend an on-line group Information Session **with a parent/guardian** in May to learn more about the Program and to ensure that each student/parent/guardian knows the expectations of the Program. **After the Information Session, each participant will be required to take a copy of their immunization record to WFBH Employee Health Services to receive a free Tuberculosis (TB) blood test by the designated deadline. A free criminal background check will be performed also. There will be no exceptions to the application deadline and the Program requirements.**

Sincerely,  
*Caroline F. Harris, Ed.D.*  
High Point Medical Center Volunteer Services Director  
[cfugitt@wakehealth.edu](mailto:cfugitt@wakehealth.edu)

# WFBH High Point PATH VolunTeen Program Registration Checklist

**Due Date: No later than 5pm on Wednesday, March 31, 2021**

Following instructions closely is an important step to becoming a Summer VolunTeen and will show the Volunteer Services staff you are very responsible. This list is to ensure there is no confusion about what you need to do to become a PATH VolunTeen and to make certain that all forms are completed and submitted on time. (**Do Not** submit this Checklist with your application packet.)

Check each of the following off as you complete it. **Do NOT wait until the last minute to complete these forms. Deadline extensions will not be available.**

\_\_\_\_\_ Locate and complete the application posted on the Volunteer Services website [www.wakehealth.edu/volunteer](http://www.wakehealth.edu/volunteer) and read through the additional forms with a parent/guardian. Discuss summer plans and whether you will be able to commit to volunteering 2 days per week from July 12<sup>th</sup> - August 6<sup>th</sup>. Make sure to provide current and accurate contact information including telephone numbers, email and mailing addresses. **You MUST submit a "PATH VolunTeen – High Point" application through the Volunteer Services website.**

\_\_\_\_\_ 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 sealed and signed envelope. Unsealed & unsigned envelopes will not be accepted resulting in incompleteness of materials. *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:

- **TYPED** (NOT handwritten) Questionnaire
- Signed Agreement and Parental Consent
- 2 Teacher Recommendation Forms

\_\_\_\_\_ Mail, interoffice or drop off:

**Caroline F. Harris, Volunteer Services/VolunTeen Director  
WFBH High Point Medical Center  
Volunteer Services, Lobby Floor  
601 N. Elm Street  
High Point, NC 27262**

# WFBH High Point PATH VolunTeen Program Application Questionnaire

Applicant's Name:

Please **TYPE** (**DO NOT write**) your answers to the following questions in the space provided on this form. Do Not submit any additional pages for the questionnaire. All of your information MUST be typed in the space provided on this form. (\*Please follow these guidelines.)

- **What does volunteerism mean to you?**
- **Why do you want to volunteer 64 hours at Wake Forest Baptist during your summer break?**
- **What other volunteer opportunities (past and present) have you been/(are) a part of?**
- **What qualities do you have to make you a great fit for the Summer VolunTeen Program?**
- **Give an example of how you handled a difficult/negative situation at home or school?**

# WFBH High Point PATH VolunTeen Program

## Agreement and Parental Consent

Please TYPE (DO NOT write) the information below except signatures.

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 VolunTeen, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. If I am accepted into this Program, I agree to follow all policies and procedures of the Summer VolunTeen Program including the VolunTeen Code of Conduct policy and understand if I am unable to do so, I may be dismissed from the Program.

Applicant's Name:	
Applicant's Signature:	
Date:	
Email Address:	
Telephone Number:	

I, \_\_\_\_\_, have read all of the registration information and consent to  
(Type Parent/Guardian's Name)

allow my child, \_\_\_\_\_, to apply and be considered for the 2021  
(Type Applicant's Name)

Summer VolunTeen Program.

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

### Parent/Guardian's Contact Information:

Mobile #: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Email: \_\_\_\_\_

# WFBH High Point PATH VolunTeen Program

## 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 a few days to complete the recommendation form. **Forms must be submitted to Volunteer Services in a signed and sealed envelope along with the rest of your application by 5pm, March 31, 2021.**

**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 welcome.

**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 submitted to us by **5pm, March 31, 2021.**

**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 tasks without prompting and on time.	1	2	3	4	5
The applicant acts maturely around both his/her peers and adults.	1	2	3	4	5
The applicant enjoys helping others.	1	2	3	4	5
The applicant will have no issues adhering to all policies & procedures, including the restriction of mobile phone usage and Code of Conduct.	1	2	3	4	5
There are no classroom behavioral issues with the applicant.	1	2	3	4	5
The applicant adapts well to new or difficult situations.	1	2	3	4	5
The applicant is a very responsible team player with a positive attitude.	1	2	3	4	5

Teacher's Signature

Date

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## Teacher Recommendation Form

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Name	
Current Grade Level	
School	

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**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 **5pm, March 31, 2021.**

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

	1	2	3	4	5
I know the applicant very well.					
I can depend on the applicant to complete assigned tasks without prompting and on time.					
The applicant acts maturely around both his/her peers and adults.					
The applicant enjoys helping others.					
The applicant will have no issues adhering to all policies & procedures, including the restriction of mobile phone usage and Code of Conduct.					
There are no classroom behavioral issues with the applicant.					
The applicant adapts well to new or difficult situations.					
The applicant is a very responsible team player with a positive attitude.					

Teacher's Signature

Date