

2019 Teen Volunteer Application

The teen volunteer understands that a commit to a minimum of 9 out of 10 summer weeks for at least 4 hours each week is a requirement for consideration to volunteer. Should this commitment not be met, the teen will be excused for remainder of summer.

Teen applicants will be selected randomly, and notified by telephone. If selected, teen and a parent will be expected to attend the:

MANDATORY Information Session and Orientation May 20, 2019 | 5-7pm

Date: _____

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address: _____ Preferred Contact Method: _____

Age _____ Birth Date _____

If presently employed, name of employer: _____

Position: _____ Work days/hours: _____

Parent/Guardian: _____

Emergency Contact: _____
(Name) (Relationship) (Phone)

How did you become interested in our Volunteer Program?

When are you available to volunteer?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday A.M. _____ P.M. _____

Interested in two shifts per week? ☐ Yes ☐ No

Have you volunteered at WHH before? ☐ Yes ☐ No

School: _____ Current Grade: _____ GPA: _____ Expected graduation: _____

Volunteer Experience: _____

Work Experience: _____

Teen Volunteer program requirements:

1. Parent Consent Form (provided at orientation)
2. Parent/Guardian Consent for TB Screening*
3. Latest Grade Report (documentation of 3.0 GPA)
4. Letter of Recommendation (usually from a teacher, relatives excluded)

**Parent/Guardian Consent for TB Screening: Parent or Guardian must accompany the teen at the time of the TB Screening and have the completed form with them. (Provided at orientation.)*

Agreement: *(please read carefully)*

In submitting this application, I affirm that I will be 15 years of age before May 31, 2019 and have an unweighted GPA of 3.0 or better to become a Winter Haven Hospital Teen Volunteer. I agree to abide by the all of Policies and Procedures of the Hospital, including the dress code. I will keep all patient information completely confidential. I that I must complete the Health Screening process, attend Orientation, complete training sessions, strictly adhere to my service guidelines and accurately record and keep record of my service hours.

I understand that the organization is not obligated to provide a placement, nor am I obligated to accept the position offered. Further, I agree to return my photo ID badge when I leave the program.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____