

# EMORY JOHNS CREEK HOSPITAL

EMORY HEALTHCARE

Dear Applicant:

Thank you for your interest in the 2010 Summer VolunTEEN Program. Due to the large number of students interested in the Program, **it is essential that you pay close attention to the information contained herein and that you are aware of the deadlines by which this information must be returned to us.**

The Summer VolunTEEN Program is for students aged 15 -18 (students must be 15 by June 1, 2010). The 6-week Program runs from June 21-July 30, 2010. Each teen is required to volunteer 8 hours per week, defined as either one 8-hour shift from 8 a.m. – 4 p.m. or two 4-hour shifts, from 8 a.m. – Noon and from Noon - 4 p.m. Each student must volunteer for a total of 40 hours in order to complete the Program and to be eligible to return as a VolunTEEN throughout the school year and/or the following summer. That means that if you plan a one-week vacation during the six-week period, you can still participate in the program. If you cannot commit to at least 8 hours each week for 5 of the 6 weeks, please do not apply to the program.

The VolunTEEN Program's primary aim is to teach the value of community service and to provide experiences that foster inner growth and maturity and that strengthen a service-oriented mind. VolunTEENS are not allowed to administer any type of patient 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 hospital setting, providing a wonderful opportunity for students to learn and explore healthcare careers.

Teens will be required to wear a uniform and must comply with all hospital policies and procedures. Once you have been selected for the VolunTEEN Program, you must attend a mandatory orientation on Tuesday, June 8, 9 a.m. – 11:30 a.m. **There will be only one orientation offered.** Hospital orientation for all employees and volunteers is mandated by JCAHO, the government agency that accredits hospitals. There will be no makeup dates given; therefore, if you have a conflict with this date, hospital policy will not permit you to participate this year.

**Please make sure to download each form of this packet and complete all sections. These forms are due back to Emory Johns Creek Hospital no later than 5 p.m. on Friday, April 2, 2010.** Packets must be filled out completely and correctly for further consideration to the Program. If your packet is incomplete, you will be ineligible for consideration this year.

To ensure the quality of the Program, there are limited spaces available. All applicants will be informed of their status by May 1, 2010.

Sincerely,

Beverly Miller  
Director, Community Relations  
Emory Johns Creek Hospital  
6325 Hospital Parkway  
Johns Creek, GA 30097  
[Bev.miller@emoryjohnscreek.com](mailto:Bev.miller@emoryjohnscreek.com)  
678-474-8017

# Emory Johns Creek Hospital

## 2010 Checklist for VolunTEEN Registration Due Date: Received by EJCH no later than April 2, 2010

Following instructions closely is an important step to becoming a VolunTEEN and will show us that you are responsible. This checklist is to ensure that you are clear as to the requirements for application to the Program.

\_\_\_\_\_ Print off the forms on the website and read through them with your parents. Discuss summer plans and whether you are planning to take more than 1 week of vacation (equivalent to 2 volunteer shifts). If you are, consider volunteering another summer.

\_\_\_\_\_ Fill out the application neatly and completely.

\_\_\_\_\_ Complete Part 2 of the application – answer the essay question, using 300-500 words. You may submit your answer on a separate sheet of paper, preferably typewritten; please write or print legibly if handwritten.

\_\_\_\_\_ Part 3 of the application consists of 2 teacher recommendation forms. Ask two teachers from the four academic disciplines (math, science, social studies, and language arts) to fill out the recommendation forms for you. Ask each teacher to **place the form in a sealed envelope** and have them **sign the back of the envelope across the seal**. Unsealed envelopes will not be accepted and will be considered incomplete. Include the sealed envelopes with your registration packet to be submitted to Emory Johns Creek Hospital. **Note: please have teachers return forms directly to YOU for submission with your packet.**

\_\_\_\_\_ Please place all forms in an envelope to ensure that they all stay together. Your packet is complete with at least 6 pages, as follows:  
Part 1, 3 pages  
Part 2, 1 page  
Part 3, 2 sealed envelopes each containing 1 teacher recommendation

\_\_\_\_\_ **Turn in to the Concierge/Information Desk at the hospital, either in person or by mail to the attention of Beverly Miller, no later than Friday, April 2.**

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

**EMORY JOHNS CREEK HOSPITAL**  
6325 Hospital Parkway, Johns Creek, GA 30097 678.474.7000

**VolunTEEN Application  
Part 1**

**Personal Information**

*Applicant's  
Name:* \_\_\_\_\_

*Last*

*First*

*M.I.*

*Phone:* \_\_\_\_\_ *Cell:* \_\_\_\_\_ *E-Mail:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*School Name:* \_\_\_\_\_ *Current Grade Level:* 9 \_\_\_ 10 \_\_\_ 11 \_\_\_

*School Address:* \_\_\_\_\_  
*Street* *City* *Zip*

*Is this volunteer service a requirement for School?* \_\_\_\_\_  
*If yes, which program?* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

*Male* \_\_\_ *Female* \_\_\_

**Skills**

*Language(s) you speak (other than English):* \_\_\_\_\_

*Special Education or Training:* \_\_\_\_\_

*Special Skills or Hobbies:* \_\_\_\_\_

**Availability**

*Please indicate which 4-hour shift(s) you would be available to work*

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<i>Morning (8:00 am – 12 Noon)</i>					
<i>Afternoon (12 Noon – 4:00 pm)</i>					

**Area of Interest**

\_\_\_\_\_ *Service Area (Emergency, Mother/Baby, Imaging, Physical Therapy, Post Anesthesia Care Unit)*

\_\_\_\_\_ *Administrative (Human Resources, Lab, Medical Staff Services)*

**Emergency Information**

*Name of Person to Notify in Case of Emergency:* \_\_\_\_\_

*Daytime Phone:* \_\_\_\_\_ *Evening Phone:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

**Personal References (Please list two people other than relatives)**

**1)** *Name:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

*Address:*

\_\_\_\_\_

*Zip*                      *Street*                      *City*                      *State*

*Daytime Phone:* \_\_\_\_\_ *Evening Phone:* \_\_\_\_\_

**2)** *Name:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Street*                      *City*                      *State*                      *Zip*

*Daytime Phone:* \_\_\_\_\_ *Evening Phone:* \_\_\_\_\_

**General Information**

*How did you hear about our Volunteer Program?* \_\_\_\_\_

*Have you applied for this VolunTEEN program in a prior year?*    Yes    No  
*If yes, in what year?* \_\_\_\_\_

*Have you had previous hospital volunteer experience?*    Yes    No

*If yes, please describe:* \_\_\_\_\_

*Have you ever been convicted of a felony?*    Yes    No

*If yes, list date, offense, and disposition of each such conviction. (Convictions are not automatic disqualifications from volunteer service)* \_\_\_\_\_

\_\_\_\_\_

## ***Applicant Statement***

*Please read the following, and sign below:*

- *I certify that all information provided in this application is true and correct to the best of my knowledge.*
- *I understand that I am volunteering my services free of charge and do not expect monetary compensation or employment.*
- *I understand that I may be required to attend additional orientation classes in order to be fully informed about health and safety regulations at EJCH.*
- *I understand and authorize EJCH to complete TB screenings before I can serve as a volunteer.*
- *I understand that any falsification or significant omission of any information requested herein will be considered sufficient cause to terminate my volunteer status without prior warning at any time during my service with EJCH.*

***Applicant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**Emory Johns Creek Hospital  
VolunTEEN Application  
Part 2**

**Essay – (300-500 words)**

**If we could only admit one more student to the VolunTEEN program,  
why should it be you? (You may use a separate piece of paper)**

**Emory Johns Creek Hospital  
VolunTEEN Application  
Part 3  
2010 Recommendation Form #1**

**Applicant Portion:**

**TO THE APPLICANT:** Fill out the top portion of this form and take it to a teacher whom you have asked to recommend you for our Program. Give your teacher at least five days to complete the form and ask him/her to put it in a sealed envelope with the teacher's signature across the seal when finished. Pick up the envelope from your teacher and include the envelope with the rest of your forms comprising the VolunTEEN Application.

Student's Name: \_\_\_\_\_

Student's Current Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

I give you permission to release the following confidential information to EJCH.

Signed (student) \_\_\_\_\_

**Recommender Portion:**

**TO THE RECOMMENDER:** This student is applying to the Summer VolunTEEN Program at Emory Johns Creek Hospital. The hospital is a sensitive environment that requires a great deal of maturity. We would appreciate your insight about his/her sense of responsibility and dependability as well as maturity level. Additionally, any comments that would help us to learn more about this student are welcomed. Please answer the following questions about the above-named student. **Place this form in the sealed envelope provided by the applicant and place your signature across the seal.** Please return the envelope to the applicant in time for it to be returned to us by April 2, 2010.

Teacher's Name: \_\_\_\_\_

Subject: \_\_\_\_\_ Contact Number at School: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Please answer the following questions:

*Can you depend on this student to complete assigned tasks?*

*Example of this behavior (if applicable):* \_\_\_\_\_

\_\_\_\_\_

*Does this student act maturely around both adult and peer groups?*

*Example of this behavior (if applicable):* \_\_\_\_\_

\_\_\_\_\_

*Do you feel that this student will fulfill a 6-week commitment?*

*Please comment on any outstanding qualities that you feel would make this student a good hospital volunteer::* \_\_\_\_\_

\_\_\_\_\_

*For the EJCH Summer VolunTEEN Program, I:*

\_\_\_\_ **HIGHLY RECOMMEND** \_\_\_\_\_ **RECOMMEND** \_\_\_\_\_ **DO NOT RECOMMEND**

*this student for a volunteer position.*

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

**Emory Johns Creek Hospital  
VolunTEEN Application  
Part 3  
2010 Recommendation Form #2**

**Applicant Portion:**

**TO THE APPLICANT:** Fill out the top portion of this form and take it to a teacher whom you have asked to recommend you for our Program. Give your teacher at least five days to complete the form and ask him/her to put it in a sealed envelope with the teacher's signature across the seal when finished. Pick up the envelope from your teacher and include the envelope with the rest of your forms comprising the VolunTEEN Application.

Student's Name: \_\_\_\_\_

Student's Current Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

I give you permission to release the following confidential information to EJCH.

Signed (student) \_\_\_\_\_

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*Can you depend on this student to complete assigned tasks?*

*Example of this behavior (if applicable):* \_\_\_\_\_

\_\_\_\_\_

*Does this student act maturely around both adult and peer groups?*

*Example of this behavior (if applicable):* \_\_\_\_\_

\_\_\_\_\_

*Do you feel that this student will fulfill a 6-week commitment?*

*Please comment on any outstanding qualities that you feel would make this student a good hospital volunteer:* \_\_\_\_\_

\_\_\_\_\_

*For the EJCH Summer VolunTEEN Program, I:*

\_\_\_\_ **HIGHLY RECOMMEND** \_\_\_\_\_ **RECOMMEND** \_\_\_\_\_ **DO NOT RECOMMEND**  
*this student for a volunteer position.*

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date