

EMORY JOHNS CREEK HOSPITAL

EMORY HEALTHCARE

Dear Applicant:

Thank you for your interest in the 2012 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, 2012). The 6-week Program runs from June 18 – July 27, 2012. 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, providing assistance to staff and/or patients, and 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 5, 8:30 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, March 30, 2012. 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 on or about May 1, 2012.

Sincerely,

Beverly Miller

Director, Community Relations
Emory Johns Creek Hospital
6325 Hospital Parkway
Johns Creek, GA 30097
Bev.miller@emoryhealthcare.org
678-474-8017

Emory Johns Creek Hospital

2012 Checklist for VolunTEEN Registration

Due Date: Received by EJCH no later than March 30, 2012

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. You must sign your name in the Applicant portion of the form. Ask two teachers from the four academic disciplines (math, science, social studies, and language arts) to fill out the recommendation forms for you. One of the two recommendations may come from your foreign language instructor. Ask each teacher to **place the form in a sealed envelope** and have them **sign the back of the envelope across the seal**. Unsigned and/or unsealed envelopes will not be accepted and your application 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 the completed application to the Concierge/Information Desk at the hospital, either in person or by mail to the attention of Beverly Miller, no later than Friday, March 30, 2012.**

Date: _____

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

VolunTEEN Application 2012
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 all 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>					

General Area of Interest

_____ *Service Area (Emergency, Mother/Baby, Imaging, Physical Therapy,
Post Anesthesia Care Unit, Medical/Surgical Floors)*

_____ *Administrative (Marketing, Lab, etc.)*

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 VolunTEEN 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)

Creative people state that taking risks often promotes important discoveries in their lives or their work. Discuss a risk that has led to a significant change (positive or negative) in your personal or intellectual life.

(You may use a separate piece of paper)

Emory Johns Creek Hospital
VolunTEEN Application
Part 3
2012 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 March 30, 2012.

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): _____

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
2012 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) _____

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 March 30, 2012.

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Example of this behavior (if applicable): _____

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

Example of this behavior (if applicable): _____

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