



Dear Teen Applicant,

Thank you for your interest in volunteering with Atrium Health's Central Division! The Central Division consists of Carolinas Medical Center, Atrium Health Mercy, and Levine Children's Hospital. Volunteers are an important part of our team and help us in many ways. We appreciate everyone who gives us the gift of their time. Wherever you volunteer, you will make a difference!

Below you will find a checklist of all the important documents required to complete your teen volunteer application. **ALL** items must be submitted **no later than** March 1<sup>st</sup>, 2022. **Incomplete applications will not be considered.**

Per Atrium Health policy, all Volunteers must be fully vaccinated against COVID-19, no exceptions. All applicants must be 15 years old by the start of the program. The teen program will run from the week of June 13<sup>th</sup> – Friday, August 19<sup>th</sup>. The majority of teen volunteer shifts are 2-4 hours in length, once per week. You will be required to commit to this minimum schedule. Teen volunteers will only be allowed to miss two shifts during the 10 week program. (*\*Mercy teen volunteers will be excused during the week of 4<sup>th</sup> of July*).

If your application is selected, you will be contacted for an interview during the month of April. Once accepted into the program, you will also be required to complete a background check, Teammate Health Clearance (including a 2-step TB Skin Test), and attend a 2-3 hour volunteer orientation in May. Teen Volunteers will also be required to attend an educational Lunch-and-Learn session in July. Please note: due to COVID-19, plans may be subject to change.

Because of the large volume of applications we receive, we are not able to accept everyone into our summer program. We appreciate your interest in volunteering at Atrium Health and value your time in completing this application. **Please use the following checklist to complete your application:**

- Completed Teen Application (incomplete application packets will not be accepted)
- ONE completed reference from a teacher or coach
- Copy of most recent report card (must have GPA of 3.0 or higher)
- A 250-word essay telling us something personal about *you* and why you want to volunteer at the facility where you're applying. This is often how we get our first impression of you – so tell us something unique or interesting; whatever will make you stand out!

**Please return your completed application to the following address:**

Carolinas Medical Center  
Volunteer Services Department  
1000 Blythe Boulevard  
Charlotte, NC 28203  
Email: CMCLCHVolunteerServices@atriumhealth.org

*If you have any questions, please contact Volunteer Services at 704-355-2105 or  
CMCLCHVolunteerServices@atriumhealth.org*



### Teen Volunteer Application

(Please **print** legibly in black or blue ink)

**Please select your location preference: (choose one)**

\_\_\_\_\_ Carolinas Medical Center    \_\_\_\_\_ Atrium Health Mercy    \_\_\_\_\_ Levine Children's Hospital

#### Personal Information:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

What is the best way to contact you? \_\_\_\_\_

Are you 15 or over? \_\_\_\_\_ Gender: \_\_\_\_\_

Are you fully vaccinated for COVID-19? Yes No

#### Education:

Circle the highest level of education **completed**:                      8           9           10           11

Name of school: \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Background Volunteer Experience:**

Please list your previous volunteer experience, including the organization's name and length of time with the organization:

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**Commitment Terms:**

Teen volunteers are required to commit to a regular, once-a-week volunteer shift that ranges from 2-4 hours in length, depending on department needs. Students may only miss 2 shifts during the summer session.

**Please circle your availability below:**

<b>Monday</b>	Morning	Afternoon
<b>Tuesday</b>	Morning	Afternoon
<b>Wednesday</b>	Morning	Afternoon
<b>Thursday</b>	Morning	Afternoon
<b>Friday</b>	Morning	Afternoon

**Background Disclosure:**

Atrium Health obtains arrest and conviction records on all potential volunteers. An arrest or conviction will not automatically eliminate you from consideration for volunteering. However, failure to list all pending charges and/or convictions may lead to your disqualification or termination of volunteering at Atrium Health. Examples include, but are not limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement, etc.

**Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation of charges for violation of criminal law?**

No    Yes: please explain: \_\_\_\_\_

\_\_\_\_\_

**Volunteer Agreement:**

As a volunteer I agree:

I will consider as confidential all information which I may hear or see, directly or indirectly, concerning a patient, patient family member, doctor, or other health care professional and I will not seek information from any of the above in regard to a patient.

I hereby certify that the answers on this application and any resulting from interviews are true and correct and that any misrepresentations or omissions of facts, misleading, or false information on my part will be grounds for dismissal as a volunteer. Acceptance as a volunteer is contingent upon satisfactory references, verification of information submitted on the applications and satisfactory completion of mandatory requirements. I authorize that all employers, schools, or references thus contacted be released from all liability in answering questions related to my application.

I understand that I am required to commit to serve a regular schedule during the summer program. My services are donated to Atrium Health without contemplation of compensation or future employment and given with humanitarian or charitable reasons.

I authorize Atrium Health to administer emergency medical treatment to me while volunteering. I understand that Atrium Health is not responsible for volunteers before or after their assigned shifts.

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

**Parents of Teen Volunteers Applicants:**

I give permission for my child to serve as a Teen Volunteer with Atrium Health and authorize Atrium Health to administer emergency medical treatment to my child while volunteering. **I understand that Teen Volunteers must be picked up promptly at the end of their scheduled shift and that Atrium Health is not responsible for volunteers after their assigned volunteer shift has ended.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## TEEN SUMMER VOLUNTEER REFERENCE FORM

Please give this form to a teacher or coach who can attest to your character.

**NOTE:** This form is not to be completed by a relative of the Applicant.

Reference for \_\_\_\_\_  
(Applicant's name)

**INSTRUCTIONS:** Please complete this form to the best of your ability. All references are kept confidential.

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

What strengths do you believe the applicant will bring to our hospital as a volunteer?

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Please place an 'x' in the appropriate box to rate the applicant on each of the following:

	Excellent	Very Good	Adequate	Weak
Character				
Ability to follow through on commitment				
Integrity				
Ability to take direction				
Communication				
Overall attitude/maturity				
Attendance/Punctuality				

Additional comments:

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### Reference Information:

Your Name \_\_\_\_\_

Date \_\_\_\_\_

Contact Information \_\_\_\_\_

### NOTE:

Thank you for taking the time to complete this reference form! Please return the completed form to the student applicant. They will need it to submit with their completed application. All applications are due to our office by March 1, 2022.



## **2022 Central Division Teen Volunteer Program Frequently Asked Questions**

### **Are COVID-19 Vaccines required for Volunteers?**

Yes, per Atrium Health policy all Volunteers must be fully vaccinated against COVID-19, no exceptions. Full vaccination means you have received both doses of the Pfizer or Moderna vaccines or the single dose of the Johnson & Johnson vaccine. You are considered fully vaccinated 2 weeks after your final dose. At this time, boosters are not required for Volunteers, however this is subject to change.

### **What COVID-related safety measures are in place at our facilities?**

Currently all visitors, patients, teammates, and Volunteers are required to wear masks at all times while on campus. We encourage social distancing in work and dining areas, when possible.

### **Do you accept all applicants?**

Due to the high volume of applications received, we are unable to accept all applicants. Please make sure your application packet is complete before submitting it to our office. Incomplete applications will not be accepted.

### **What facilities does this application cover?**

This application is for Carolinas Medical Center, Atrium Health Mercy, and Levine Children's Hospital.

### **What about other hospitals (Pineville, Cabarrus, University, etc.)?**

Those facilities have their own application process for Teen Volunteers. Please reach out to those facilities to inquire about their process.

### **When does the program run?**

It will begin the week of June 13<sup>th</sup> and end the week of August 19<sup>th</sup>.

### **How long is a volunteer shift?**

A typical shift is 2-4 hours, once a week.

### **Do I need to set a consistent schedule?**

It is very important to keep a set schedule, as our teammates will be putting in a lot of time and effort to prepare for your help and they depend on you to be at your work area consistently.

### **How much time can I miss?**

You are allowed to miss two shifts during the summer program.

### **What if I have multiple vacations or camps scheduled?**

Teen Volunteers are allowed to only miss two shifts and we stress the importance of commitment to the program. If you cannot commit to a regular schedule this summer, please consider applying next summer.

### **What happens if my application is selected?**

You will be contacted for an interview, where a Volunteer Coordinator will meet with you to learn more about you and discuss a possible volunteer position. You will then be given the next steps, which include a health clearance and volunteer orientation.

**Do my parents come to my interview? Do they come to orientation?**

Your parents may bring you to your interview and wait for you in the lobby (depending on visitor restrictions), but interviews will be held with a Volunteer Coordinator and the applicant. This is a great opportunity for our team to get to know you better and serves as a great learning experience. If you are selected for our program, we ask that only the Teen Volunteers attend the orientation.

**What if I have questions?**

The Volunteer Services Team always welcomes questions! Since we view our Teen Volunteer Program as an educational one, we encourage the teens themselves to reach out to us with any questions or concerns; we have found that when teens – not parents – make these efforts, they gain some insight into preparing for the working world. Teen volunteers are welcome to email [cmclchvolunteerservices@atriumhealth.org](mailto:cmclchvolunteerservices@atriumhealth.org) or call 704-355-2105.