

Dear Teen Applicant,

Thank you for your interest in volunteering with Atrium Health's Central Division! The Central Division consists of Atrium Health Carolinas Medical Center, Atrium Health Mercy, a facility of Carolinas Medical Center and Atrium Health 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, 2023. 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 12 to August 18. 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 2 shifts during the 10-week program. (*Atrium Health Mercy teen volunteers will be excused during the week of July 4).

Selected applicants will be assigned to 1 of our facilities (Carolinas Medical Center, Levine Children's Hospital or Atrium Health Mercy). 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 may also 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
- A 250-word essay telling us something personal about you and why you want to volunteer with Atrium Health.
 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:

Atrium Health Carolinas Medical Center Volunteer Services Department 1000 Blythe Blvd. 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)

Personal Information:

Name:	_ Nickname:						
Street Address:							
City:	State: Zip:						
Home #:	Cell #:						
Email:	Date of Birth:						
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 your last grade <u>completed</u> :	8 9 10 11						
Name of school:							
Emergency Contact Information:							
Name:							
Relationship:	Home:						
Work:	Cell:						
Previous Volunteer Experience:							
Please list your previous volunteer experience the organization:	ce, including the organization's name and length of time with						

Backgr	ound	Discl	osui	re:
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Atrium Health obtains arrest and conviction records on all potential automatically eliminate you from consideration for volunteering. Ho and/or convictions may lead to your disqualification or termination of include, but are not limited to: driving while impaired, worthless che suspended, disorderly conduct, credit card fraud and embezzlement Have you ever been convicted of any criminal violation of law, or a investigation of charges for violation of criminal law? No Yes: please explain:	wever, failure to list all pending charges of volunteering at Atrium Health. Examples ecks, assault, driving while license is . re you now subject to a pending
Volunteer Agreement:	
As a volunteer I agree: I will consider as confidential all information which I may hear or see, dipatient family member, doctor or other health care professional and I value above in regard to a patient.	• • • • • • • • • • • • • • • • • • • •
I hereby certify that the answers on this application and any resulting fr any misrepresentations or omissions of facts, misleading or false inform as a volunteer. Acceptance as a volunteer is contingent upon satisfactor submitted on the applications and satisfactory completion of mandator employers, schools or references thus contacted be released from all lia application.	nation on my part will be grounds for dismissal bry references, verification of information by requirements. I authorize that all
I understand that I am required to commit to serve a regular schedule of My services are donated to Atrium Health without contemplation of cowith humanitarian or charitable reasons.	
I authorize Atrium Health to administer emergency medical treatment to Atrium Health is not responsible for volunteers before or after their ass	_
Applicant's Signature: Date:	
Parents of Teen Volunteers Applicants:	
I give permission for my child to serve as a teen volunteer with Atrium I administer emergency medical treatment to my child while volunteerin picked up promptly at the end of their scheduled shift and that Atrium after their assigned volunteer shift has ended.	g. I understand that teen volunteers must be
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	e best of your ability.	All references a	are kept confident	ial.
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	?	
Please place an 'x' in the appropriate box to rate	the applicant on eac	h of the followi	ing:	
	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:				
		Your Name		ce Information
		Date		
	Contact Inform	ation		

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, 2023.



2023 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-19-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 <u>complete</u> before submitting it to our office. Incomplete applications will not be accepted.

What facilities does this application cover?

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

Where will I be volunteering?

Selected applicants will be assigned to one of the following facilities: Carolinas Medical Center, Atrium Health Mercy or Levine Children's Hospital. All 3 facilities are located near the center city Charlotte area and are within 2 miles of each other.

What about other hospitals (Atrium Health Pineville, Atrium Health Cabarrus, Atrium Health University City)?

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 12 and end on August 18.

How long is a volunteer shift?

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

What will my schedule be?

If your application is selected, a volunteer coordinator will discuss your schedule and availability with you.

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 2 shifts during the summer program.

What if I have multiple vacations or camps scheduled?

Teen volunteers are allowed to only miss 2 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 or call 704-355-2105.