2022 Atrium Health Wake Forest Baptist Summer VolunTeen Request Form

Please return to Volunteer Services by Friday, June 24 4 week Program: July 11 - August 5

Requested By:					Telephone #:	
Email:						
Department Name:						
Building/Floor:						
_						
Brief directions to the	VolunTeen a	rea from Volu	unteer Services	- Main/Ardmore	e:	
Please indicate the nu	mber of Volu	nTeens you o	an host on eac	h designated day	<i>r</i> :	
-						
	Monday	Tuesday	Wednesday	Thursday	Friday Note:	Fridays are sub days
(9-12pm) AM						
(1-4 pm) PM						
Send a sub when the Mor	n - Thurs			1		
scheduled VolunTeen is a	bsent?:	YES				
T (D (T)						
Type of Duties/Tasks:						
Training/Access Requi	red:					
Competencies (i.e. abi	ility to work v	vith people, u	understand and	d practice infection	on control, recognize/res	spect the multi-cultural
needs of our patients	and their fam	ilies)				
Name/Title of Employ	ee who will s	upervise/trai	in the VolunTe	en:		
					<u></u>	
Email:			_			
Telephone:			<u> </u>			
Name/Title of Employ	ee who will s	upervise/trai	in the VolunTe	en:		
Email:			_			
Telephone:			_			
Signature of Requesto	r				Date of Req	uest

Please remember to include the VolunTeens as part of your team

Return to Pamela Runnels:

prunnels@wakehealth.edu / Volunteer Services, Main Floor - Ardmore Tower