

## Atrium Health Wake Forest Baptist

### Lexington Summer VolunTeen Program Applicant

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Thank you for your interest in the 2023 Atrium Health Wake Forest Baptist Lexington Summer VolunTeen Program! The Summer VolunTeen Program is designated for students ages 14-18 (applicant must be 14 years old on or before May 31, 2023 and not graduating this school year). Due to the large number of students interested in the Program, it is essential that you pay close attention to the information provided. Please be aware of the **5pm Friday, March 17, 2023 deadline** for ALL of the application packet information to be submitted to Patient Services. In order to ensure the quality of the Program, there are limited spaces available. Late or incomplete packets will not be considered.

Attendance to an in-person Summer VolunTeen Orientation is mandatory.

The 4-week Summer VolunTeen Program will be held Monday, July 10<sup>th</sup> - Friday, August 4<sup>th</sup>. Each VolunTeen will be required to volunteer 2 full assigned days each week. The assigned Monday – Thursday volunteer days will remain the same each week from 8:30am - 4pm. Each VolunTeen must dedicate 64 volunteer hours in order to complete the requirements for the Program and participate in the Program the following summer (if applicable). Limited sub days will be available with prior approval from the VolunTeen Manager. Unfortunately, volunteering more than the required 64 hours will not be allowed.

The Summer VolunTeen Program's primary goal is to help enhance the patient and family experience as well as provide opportunities that foster inner growth, maturity and strengthen a service-oriented mindset. VolunTeens are not allowed to administer any type of clinical care. VolunTeen duties are customer service driven and will involve designated departmental tasks as well as performing administrative duties. Each essential task is performed in the Medical Center setting, providing a wonderful opportunity for students to learn and explore healthcare careers while helping our patients and guests have a positive experience each day. Keep in mind, this Program is not a shadowing/observation experience.

A complete application contains: An online Application submitted by the deadline AND a complete Application Packet which must be mailed, sent through interoffice mail, or dropped off in Patient Services no later than 5pm March 17, 2023. All documents in the application packet must be submitted together and filled out completely/correctly for further consideration for the Program. If an incomplete packet is received, it will not be considered eligible for review. Due to the large number of expected applicants, the Patient Services staff will not be able to provide information of completeness, only confirmation that the application packet has been received.

The completed application packets will be reviewed by the Selection Committee to determine which applicants will be invited to participate in the Program. All applicants will be informed of their status by April 14, 2023. The selected participants will be required to attend a group Information Session with a parent/guardian to learn more about the Program and to ensure that each student/parent/guardian knows the expectations of the Program. Each participant will be required to provide Covid-19 vaccination documentation (exemptions WILL NOT be accepted). Also, a Tuberculosis (TB) blood test will be required (free on-site). A free criminal background check will also be performed. There will not be any exceptions to the complete application deadline and the Program requirements.

# Atrium Health Wake Forest Baptist

## Lexington Summer VolunTeen Program Registration Checklist

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**Due Date: No later than 5pm Friday, March 17, 2023**

Following instructions closely is an important step to becoming a Summer VolunTeen and will show the Volunteer Services staff you are very responsible. This list is to ensure there is no confusion about what you need to do to become a Summer VolunTeen and to make certain that all forms are completed and submitted on time. (**Do Not** submit this Checklist with your application packet.)

Check each of the following off as you complete it. **Do NOT wait until the last minute to complete these forms. Deadline extensions will not be available.**

\_\_\_\_\_ Locate and complete the on-line application on the Volunteer Services website [www.wakehealth.edu/volunteer](http://www.wakehealth.edu/volunteer) and read through the additional forms with a parent/guardian. Discuss summer plans and if you can commit to volunteering 2 assigned days each week during July 10<sup>th</sup> - August 4<sup>th</sup>. **We stress this to you because if there are unavoidable conflicts with these dates, you will not be able to participate this upcoming summer.** Make sure to provide current and accurate contact information including telephone numbers, email and mailing addresses. **You MUST submit a "Summer VolunTeen – Lexington" on-line application through the Volunteer Services website listed above.**

\_\_\_\_\_ Ask two of your **current core** curriculum teachers to complete a Recommendation Form for you. Be sure to give each teacher at least two weeks to complete the form. **Recommenders MUST put the form in a sealed and signed envelope before giving it back to you.** Unsealed & unsigned envelopes will not be accepted resulting in incompleteness of materials. ***Note: Please have the teachers to return the forms directly to YOU-the forms need to be returned with all of your application packet forms!***

\_\_\_\_\_ Complete application packets must contain the following forms:

- **TYPED** (NOT handwritten) Essay
- Signed Agreement and Parental Consent
- 2 Teacher Recommendation Forms

\_\_\_\_\_ Mail, interoffice or drop off to:

**Melodie McDade, Patient Services  
Atrium Health Wake Forest Baptist  
Lexington Medical Center  
250 Hospital Drive  
Lexington, NC 27292**

# Atrium Health Wake Forest Baptist

## Lexington Summer VolunTeen Program Application Essay

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Applicant's Name:

Please **TYPE (DO NOT write)** your answers to the following questions in the **space provided on this form. Do Not submit any additional pages for the essay.** All of your information **MUST** be typed in the space provided on this form. (\*Please make a great impression by following these guidelines.)

- **Volunteering 64 hours during the summer is a huge commitment. How important/significant is the Summer VolunTeen Program to you?**
- **What qualities do you have to make you a great fit for the Summer VolunTeen Program?**
- **Describe past and/or present volunteer opportunities you have participated in.**
- **Summer VolunTeens help patients and guests who are going through a lot for various reasons. How would you deal with a difficult/negative patient or guest? What difficult situations have you dealt with that involved other people or the public?**

**Atrium Health Wake Forest Baptist**  
**Lexington Summer VolunTeen Program**

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**Agreement and Parental Consent**

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Please TYPE (DO NOT write) the information below except signatures.

By submitting this application, I affirm that the information set forth in it is true and complete. I understand that if I am accepted as a Summer VolunTeen, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. If I am accepted into this Program, I agree to follow all policies and procedures of the Summer VolunTeen Program and understand if I am unable to do so, I may be dismissed from the Program.

Applicant's Name:	
Applicant's Signature:	
Date:	
Email Address:	
Telephone Number:	

I, \_\_\_\_\_, have read all of the registration information and consent to  
(Type Parent/Guardian's Name)

allow my child, \_\_\_\_\_, to apply and be considered for the 2023  
(Type Applicant's Name)

Summer VolunTeen Program.

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

**Parent/Guardian's Contact Information:**

Mobile #: \_\_\_\_\_

Work #: \_\_\_\_\_

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

# Atrium Health Wake Forest Baptist

## Lexington Summer VolunTeen Program

### Teacher Recommendation Form

#### Applicant Information

Name	
Current Grade Level	
School	

#### Teacher Information

Name	
Subject	
Phone Number	
E-Mail Address	

**TO THE APPLICANT:** Type/write the Applicant Information above then give it to a current core curriculum teacher who you have asked to recommend you for the Program. Please allow your teacher at least two weeks to complete this recommendation form. **Forms must be submitted to Patient Services in a signed and sealed envelope along with the rest of your application packet by 5pm, March 17, 2023.**

**TO THE RECOMMENDER:** Please answer the following questions about the student named above. This student is applying to the Summer VolunTeen Program at Atrium Health Wake Forest Baptist. The Medical Center is a very sensitive environment that requires a **great deal of maturity** and the ability to adapt well to new situations. We would appreciate your insight into the student's responsibility, commitment, and dependability as well as his/her social skills. In addition, any comments that would help us to learn more about this student will be appreciated.

**Please make sure to place this form in a sealed envelope and write your signature across the seal.** Please make sure to return this form to the applicant in time for it to be submitted by **5pm, March 17, 2023.**

**On a scale from 1 to 5, rate the applicant on the following items.**

**1 = Strongly Disagree   2 = Disagree   3 = Unknown   4 = Agree   5 = Strongly Agree**

I know the applicant very well.	1	2	3	4	5
I can depend on the applicant to complete assigned tasks without prompting and it is on time.	1	2	3	4	5
The applicant acts maturely around his/her peers and adults.	1	2	3	4	5
The applicant helps others when needed.	1	2	3	4	5
The applicant follows classroom guidelines and procedures.	1	2	3	4	5
There are no known behavioral issues with the applicant.	1	2	3	4	5
The applicant adapts well to new or difficult situations.	1	2	3	4	5
The applicant is a very responsible team player with a positive attitude.	1	2	3	4	5

Comment:

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

\_\_\_\_\_  
Date

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Comment:

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

\_\_\_\_\_  
Date