

## Atrium Health Wake Forest Baptist

### Wilkes Summer VolunTeen Program Applicant

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Thank you for your interest in the 2022 Atrium Health Wake Forest Baptist 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, 2022 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 to you and you are aware of the 5pm Friday, March 18, 2022 deadline by which ALL of the application packet information must be submitted to Volunteer 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 from **Monday, July 11<sup>th</sup> - Friday, August 5<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 eligible). Sub days will be available with prior approval from the VolunTeen Manager. Volunteering more than the required 64 hours will not be allowed due to scheduling and staff constraints.

The Summer VolunTeen Program's primary goal is to teach the Medical Center's core values and provide experiences that foster inner growth, maturity and strengthen a service-oriented mind. VolunTeens are not allowed to administer any type of clinical care. The VolunTeen duties will help to enhance the patient and family centered care provided each day. **VolunTeen duties are customer service driven and will involve various 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 during their visit. **Keep in mind, this Program is not a shadowing/observation experience.**

**A complete application packet contains: An online [Application](#) submitted by the deadline and a complete [Application Packet](#) that must be mailed, interofficed, or dropped off in Patient & Family Relations no later than 5pm March 18, 2022. 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 staff is not 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 students will be invited to participate in the Program. All applicants will be informed of their status by April 30, 2022. The selected participants will be required to attend an on-line group Information Session **with a parent/guardian** in May 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 be performed also. There will be no exceptions to the application deadline and the Program requirements.**

Sincerely,  
*Landon Lynch*

Atrium Health Wake Forest Baptist Wilkes Summer VolunTeen Manager

# Atrium Health Wake Forest Baptist

## Wilkes Summer VolunTeen Program Registration Checklist

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**Due Date: No later than 5pm Friday, March 18, 2022**

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 application posted 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 whether you can commit to volunteering 2 assigned days per week from July 11<sup>th</sup> - August 5<sup>th</sup>. **We stress this to you because if there are unavoidable conflicts, you will not be able to participate this year.** Make sure to provide current and accurate contact information including telephone numbers, email and mailing addresses. **You MUST submit a "Summer VolunTeen – Wilkes" application through the Volunteer Services website listed above.**

\_\_\_\_\_ Ask two of your **current core** curriculum teachers to fill out a recommendation form for you. Be sure to give each teacher adequate time to complete the form. **Recommenders MUST put the form in a sealed and signed envelope.** Unsealed & unsigned envelopes will not be accepted resulting in incompleteness of materials. **Note: Please have teachers return the forms directly to YOU-the forms need to be returned with all of your forms!**

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

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

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

**Landon Lynch, Summer VolunTeen Manager  
Atrium Health Wake Forest Baptist Wilkes  
Patient & Family Relations  
1370 West D Street  
North Wilkesboro, NC 28635**

## Wilkes 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.)

- **What does volunteerism mean to you? What volunteer opportunities (past and present) have you participated in?**
- **Why do you want to dedicate 64 volunteer hours at Atrium Health Wake Forest Baptist during your summer break?**
- **What qualities do you have to make you a great fit for the Summer VolunTeen Program?**
- **Being a Summer VolunTeen will allow you to help people from many walks of life who are going through a lot for various reasons. Give an example of how you handled a difficult/negative situation at home, school or out in the public.**

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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 2022  
(Type Applicant's Name)

Summer VolunTeen Program.

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

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

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

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

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

# Atrium Health Wake Forest Baptist

## Wilkes 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:** Fill out the Applicant Information section above and take it to a current core curriculum teacher who you have asked to recommend you for the Program. Please allow your teacher a few days to complete the recommendation form. **Forms must be submitted to Volunteer Services in a signed and sealed envelope along with the rest of your application by 5pm, March 18, 2022.**

**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** but also the ability to adapt to new situations. We would appreciate your insight about the student's responsibility and dependability as well as his/her maturity. In addition, any comments that would help us to learn more about this student are welcome.

**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 to us by **5pm, March 18, 2022.**

**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 both 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

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

\_\_\_\_\_  
Date

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Teacher's Signature

\_\_\_\_\_  
Date