Atrium Health Wake Forest Baptist
Wilkes Summer VolunTeen Program Applicant

Thank you for your interest in the 2026 Atrium Health Wake Forest Baptist Wilkes Summer VolunTeen Program! The Summer VolunTeen Program is designated for students 15-18 years old (Applicant must be 15 years old on or before May 31, 2026. Applicant can't be a current high school senior). 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 6, 2026 deadline** for ALL of the application packet information to be submitted to the Patient Relations office. To ensure the quality of the program, there are very limited spaces available. Late or incomplete packets will not be considered no matter the circumstance including sudden illness and/or an emergency.

Attendance to the May In-person Summer VolunTeen Orientation is mandatory. *A makeup date will not be available no matter the circumstance including sudden illness and/or an emergency.

The 4-week Summer VolunTeen Program will be held Monday, July 6th - Friday, July 31st. 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 during the 8:30am - 4pm schedule. Each VolunTeen must dedicate 64 volunteer hours to complete the requirements for the program and participate in the program the following summer (if applicable). **During the short 4-week program, each VolunTeen is only able to be absent a maximum of 2 designated volunteer days.** Limited sub days for time missed will be available with prior approval from the Summer 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 type 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 the patients and guests have a positive experience each day. Keep in mind, this humanitarian 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 Relations no later than 5pm March 6, 2026. 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 Summer VolunTeen Manager 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 Application Review Committee to determine which applicants will be invited to participate in the program. All applicants will be informed of their status by April 1, 2026. The selected participants will be required to attend a group Information Session with a parent/ guardian in April to learn more about the program and to ensure that each student/parent/guardian knows the requirements and expectations of the program. There will not be any exceptions to the complete application packet deadline and the program requirements no matter the circumstance including sudden illness and/or an emergency.

Atrium Health Wake Forest Baptist
Wilkes Summer VolunTeen Program Registration Checklist

Due Date: No later than 5pm Friday, March 6, 2026

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

Check off each of the following as you complete it. **Do NOT wait until the last minute to complete these forms. Deadline extensions will not be available no matter the circumstance including sudden illness and an emergency.**

_____ Locate and complete the on-line application on the Volunteer Services website www.wakehealth.edu/volunteer You MUST submit a "North Carolina Atrium Health Wake Forest Baptist - Wilkes" on-line application through the Volunteer Services website listed above. Make sure to provide current and accurate contact information including telephone numbers, email and mailing addresses.

_____ Carefully read through the application packet forms with a parent/guardian. Discuss summer plans and whether you will be able to attend the May Orientation **AND** if you can commit to volunteering 2 assigned days each week during the July 6th - July 31st program. We stress this to you because if there are unavoidable conflicts with these dates, you will not be able to participate in the program this upcoming summer no matter the circumstance including sudden illness and an emergency.

_____ 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 signature sealed envelope before giving it back to you.** Unsealed & unsigned envelopes will not be accepted resulting in an incomplete packet. Note: Please have the teachers to return the forms in a sealed envelope directly to YOU-the forms need to be returned with all of your application packet forms!

_____ A complete application packet must contain the following forms:

- **TYPED** (NOT handwritten) Essay
- Signed Agreement and Parental Consent
- 2 Teacher Recommendation Forms – In separate signature sealed envelopes

_____ Mail, interoffice or drop off to:

Ashley Voisinet, Summer VolunTeen Manager
Atrium Health Wake Forest Baptist – Wilkes
Patient Relations
1370 West D Street
North Wilkesboro, NC 28659

Atrium Health Wake Forest Baptist
Wilkes Summer VolunTeen Program Application Essay

Applicant's Name:

You must **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 specific instructions.)

- **Volunteering 2 full days for 4 weeks during the summer is a huge commitment. Why do you want to volunteer in a medical center with lots of sick patients?**
- **If selected, what do you plan to do to successfully complete the program? What values do you possess that will help you with enhancing the patient and family experience throughout the medical center?**
- **Describe a past or current volunteer role and duties. What impact did you make? How were you affected by your volunteer experience?**
- **Many of the Summer VolunTeen duties are customer service drive and require interaction with the public. The patients and guests are going through a lot for various reasons. There is a possibility of being treated negatively even when you are being kind. Describe a situation where you encountered conflict/negative situation and explain how you dealt with it. How would you handle a difficult patient/guest situation?**

Atrium Health Wake Forest Baptist
Wilkes Summer VolunTeen Program

Agreement and Parental Consent

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. I understand I will not be able to participate in the program if I do not attend the scheduled Information Session and scheduled VolunTeen Orientation no matter the circumstance including sudden illness and/or an emergency.

Applicant's Name:	
Applicant's Signature:	
Applicant's Email Address:	
Applicant's 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 2026
(Type Applicant's Name)

Summer VolunTeen Program.

Signature:_____ Date: _____

Parent/Guardian's Contact Information:

Mobile #: _____

Work #: _____

Email: _____

Atrium Health Wake Forest Baptist
2026 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: 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 Relations in a signature sealed envelope along with the rest of your application packet by 5pm March 6, 2026.**

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 an extremely 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 6, 2026**.

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 interact with the applicant regularly.	1	2	3	4	5
The applicant completes assignments/tasks on time.	1	2	3	4	5
The applicant acts maturely around his/her peers and adults.	1	2	3	4	5
The applicant pays attention to the needs of others and is willing to help.	1	2	3	4	5
The applicant follows classroom guidelines/procedures and is respectful.	1	2	3	4	5
There are no known behavioral issues with the applicant.	1	2	3	4	5
The applicant adapts well to change and difficult situations.	1	2	3	4	5
The applicant promotes a positive public perception.	1	2	3	4	5

Comment:

_____ _____

Teacher's Signature Date

Atrium Health Wake Forest Baptist
2026 Wilkes Summer VolunTeen Program
Teacher Recommendation Form

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School	
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The applicant adapts well to change and difficult situations.	1	2	3	4	5
The applicant promotes a positive public perception.	1	2	3	4	5

Comment:

_____ _____

Teacher's Signature Date