

2024 Atrium Health Wake Forest Baptist Summer VolunTeen Request Form

Please return to Volunteer Services by June 14

Program Dates: July 8 - August 2

Requested By: _____ Telephone #: _____

Email: _____

Department Name: _____

Building/Floor: _____

Brief directions to the VolunTeen area from Volunteer Services - Ardmore/Main Floor:

Please type the number of VolunTeens your team is able to host on a designated day(s)/shift(s) for 4 weeks:

	Monday	Tuesday	Wednesday	Thursday	Friday	Note: Fridays are sub days
(9-12pm) AM						
(1-4 pm) PM						

Send a sub when the Mon - Thurs scheduled VolunTeen is absent?:

YES

Type of Duties/Tasks:

Training/Access Required:

Name/Title of teammate who will supervise/train the VolunTeen(s):

Email: _____

Telephone: _____

Name/Title of teammate who will supervise/train the VolunTeen(s):

Email: _____

Telephone: _____

Date: _____

Please remember to include VolunTeens as part of your team

Return to Pamela Runnels:

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