



January 2024

Dear Interested Student Volunteer:

Thank you for your interest in volunteering at Piedmont Eastside Medical Center. I realize summers are busy times for teens and I think it is wonderful that you are considering sharing a part of yours with us! Please remember you must be **16 years old by June 1st** and hold a grade point average of 3.0 or higher in order to be considered for this year's program.

In order to participate in the teen volunteer program, you **must** be able to:

- 1) Attend a mandatory orientation session on Saturday, May 25, 2024 from 9:00 am to 11:00am.
- 2) Volunteer one or two days per week, for a 4-hour shift (the same day and time each week) for at least 6 of the 8 weeks of the program. The program begins June 3rd and ends July 26th.
- 3) Purchase a uniform (approximately \$20).
- 4) Complete two TB test, provide proof of Measles, Mumps, Rubella, and Varicella immunity, as well as provide proof of COVID-19 vaccination.

Enclosed are two reference forms, an application form, and a student contract to be completed and returned to me by April 26, 2024.

Please write your name on the reference forms and have the references completed by **two different teachers from your core classes and your guidance counselor**. You will need to complete the application form, a 100-300 word essay as to why you want to volunteer, and the student contract (a parent/guardian will also sign the application). If the necessary paperwork is not complete, you will not be considered for the program. It is your responsibility to ensure that reference letters are completed on time.

You will be notified if you are or are not accepted into the program, no later than May 17th. If you are accepted, you will be contacted with next steps.

Thank you so much for your interest and I look forward to hearing from you soon!

Sincerely,

A handwritten signature in blue ink that reads "Laura Hannah".

Laura Hannah
Coordinator of Volunteer Services
Piedmont Eastside Medical Center
1700 Medical Way
Snellville, Georgia 30078

**2024 TEEN VOLUNTEER APPLICATION
PIEDMONT EASTSIDE MEDICAL**

Name: _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Age*: _____ Date of Birth: _____ Male () Female () Other ()

**Applicant must be 16 years old before June 1, 2024*

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: _____

Parent/Guardian Name: _____

Parent/Guardian Daytime Phone Number: _____

Parent/Guardian Employer: _____

Parent/Guardian Name: _____

Parent/Guardian Daytime Phone Number: _____

Parent/Guardian Employer: _____

School: _____ City: _____

Overall Grade Point Average: _____ Grade: _____

Is there any medical reason that you feel would interfere with your performance of your volunteer duties? Yes No
If yes, what accommodations do you feel would allow you to perform these duties? _____

Hobbies, Special Interests, Talents & Skills: _____

Community/School Activities (church, clubs, organizations): _____

Volunteer Experience: _____

Work Experience: _____

Are you interested in a healthcare career? Yes () No () Unsure ()

If so, what area? _____

If not, what is your ambition? _____

Piedmont Eastside Medical Teen Volunteer Contract

If I serve as a Teen Volunteer for Piedmont Eastside Medical Center, I pledge to make the following commitment:

- 1) To be dependable and fulfill my volunteer assignment.
- 2) To be open to learning about the hospital, its services, and rules about my volunteer duties by asking questions when needed and accepting guidance and directions graciously.
- 3) To conduct myself with dignity, courtesy and thoughtfulness.
- 4) To obey the dress code:
 - a. Red Piedmont Eastside T-shirt
 - b. Long khaki pant (no jeans/denim or stretch pants allowed)
 - c. Hospital issued picture ID (this is part of the uniform and must be visible when you are serving at the hospital)
 - d. Tennis shoes (socks must be worn)
 - e. Simple jewelry
 - f. Windbreakers, athletic jackets, sweaters and sweatshirts are not permitted. A long-sleeve white or black t-shirt may be worn under the polo
 - g. Perfume, cologne or after shave is not permitted
- 5) To be pleasant; I will have a friendly and positive attitude.
- 6) No use of cell phones in patient areas or during volunteer shift, unless emergencies.
- 7) To abide by the rules and regulations set by the Volunteer Services Department of Piedmont Eastside Medical Center.

Signature

Date

Teen Name: _____

Dear **TEACHER**:

_____ has applied for acceptance in the Teen Volunteer Program at Piedmont Eastside Medical Center for the summer of 2024. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. Thank you for taking time to complete this reference.

1) Please indicate your evaluation of the applicant with a check mark in the appropriate fields below.

	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
TRUSTWORTHINESS				
INITIATIVE				
LEADERSHIP				
MATURITY				
TEAM SKILLS				
DEPENDABILITY				
INTERPERSONAL SKILLS				

2) Summary Evaluation

- Recommend without reservation
- Recommend with reservation (please provide reservations below)
- Do not recommend

3) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

Your name: _____

School: _____

Class/Subject: _____

Sign: _____ Date: _____

Forms may be returned to the student for submission (provided they are sealed and your signature is across the seal) or sent directly to the Volunteer Services office at the email or fax below.

References must be submitted by April 30th.

Piedmont Eastside Medical Volunteer Services
Attn: Laura Hannah
Email: Laura.Hannah@piedmont.org
Fax: 770-736-2261
Phone: 770-736-2552

Teen Name: _____

Dear **TEACHER**:

_____ has applied for acceptance in the Teen Volunteer Program at Piedmont Eastside Medical Center for the summer of 2024. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. Thank you for taking time to complete this reference.

4) Please indicate your evaluation of the applicant with a check mark in the appropriate fields below.

	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
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LEADERSHIP				
MATURITY				
TEAM SKILLS				
DEPENDABILITY				
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5) Summary Evaluation

- Recommend without reservation
- Recommend with reservation (please provide reservations below)
- Do not recommend

6) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

Your name: _____

School: _____

Class/Subject: _____

Sign: _____ Date: _____

Forms may be returned to the student for submission (provided they are sealed and your signature is across the seal) or sent directly to the Volunteer Services office at the email or fax below.

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Attn: Laura Hannah
Email: Laura.Hannah@piedmont.org
Fax: 770-736-2261
Phone: 770-736-2552

Teen Name: _____

Dear **GUIDANCE COUNSELOR**:

_____ has applied for acceptance in the Teen Volunteer Program at Piedmont Eastside Medical Center for the summer of 2024. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. They are also required to have a 3.0 GPA at the time of applying to the program. Thank you for taking time to complete this reference.

- 1) Student's cumulative GPA:
- 2) Please indicate your evaluation of the applicant with a check mark in the appropriate fields below.

	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
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INITIATIVE				
LEADERSHIP				
MATURITY				
TEAM SKILLS				
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INTERPERSONAL SKILLS				

- 3) Summary Evaluation
 - Recommend without reservation
 - Recommend with reservation (please provide reservations below)
 - Do not recommend
- 4) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

Your name: _____

School: _____

Sign: _____ Date: _____

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