



March 2025

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 Thursday, May 15th 2025 from 9:00 am to 11:00am.
- 2) Volunteer one day 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 2nd and ends July 25th.
- 3) Purchase a uniform (\$30).
- 4) Complete a 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 the volunteer office.

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.

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

Sincerely,

Laura Hannah

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

**2025 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, 2021*

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? _____

Teen volunteers must be able to volunteer one four-hour shift per week and be able to volunteer at least six of the eight weeks of the program.

Day Availability (circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Shift Availability (check all that apply)

Mornings: _____ 8am-12pm _____ 8:30am-12:30pm _____ 9am-1pm
Afternoons: _____ 12:30pm-4:30pm _____ 1pm-5pm

Areas of possible interest: (circle all that apply) Breast Diagnostic Center, Cardiology, Case Management, Cardiac Care Unit, Intensive Care Unit, Progressive Care Unit, Radiology, Emergency Department, Food & Nutrition Services, Gift Shop, Medical Records Department, Human Resources, Infection Prevention, Joint and Spine Unit, Laboratory, Medical Unit, Surgical Unit, Surgical Services, Pharmacy, Physical Therapy, Respiratory Therapy Dept., Security, Materials Management Dept., Women’s Services, Wound Care

NOTE: Volunteers will only be *scheduled* for one shift each week (the same day and time each week); however, the more available you are (the more days and times you check above) the better your chances become of being placed in an area of interest to you. You will have an opportunity to rank the various volunteer service areas at orientation. For instance, if you indicate that you can only volunteer on Monday afternoons, you will be assigned to an area that needs help on Monday afternoon regardless of how you rank that area in terms of your interest.

On a separate page, type a 100-300 word essay describing why you want to volunteer / how you can be helpful to the program. Your application is not complete without the essay.

TO BE SIGNED BY TEEN:

Since the hospital will depend upon me for the time I agree to work, when it is necessary for me to be out, I will notify my supervisor and the Volunteer Office of my absence. I understand that I am expected to miss no more than two weeks (two shifts) during the program which begins June 5th and ends July 29th.

Signature _____
Date

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN:

My child _____ has my consent to volunteer at Piedmont Eastside Medical Center and to attend the necessary orientation program for his/her work in this program. I give permission for him/her to render the number of hours of service required, missing no more than 2 shifts (two weeks) of service due to vacation or camp, and to attend meetings and participate in other activities of the program.

I understand that all medical or health care (emergency or otherwise) that a volunteer receives at Piedmont Eastside Medical will be at the expense of the individual involved.

Signature _____
Date

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.

T-shirt Size _____ (adult sizes)

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.

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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: _____

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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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Piedmont Eastside Medical Volunteer Services
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.

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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: _____

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Sign: _____ Date: _____

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