



## Wesley VolunTeen Application

Thank you for your interest in volunteering! Our VolunTeen program is a fun and unique way for high school students to learn more about the health care environment. **Our VolunTeen program does not shadow doctors, nurses or other hospital staff.** Volunteers are here simply to provide an extra level of customer service to the patients and guests that we serve! ☺

Please read each step carefully before submitting your application. If you have questions regarding the VolunTeen process, please call Guest Services at (316) 962-2100. We are open Monday-Friday from 8 a.m.-4:30 p.m.

### VolunTeen General Requirements

- In order to be considered, the teen must be 16 years old by June 1, 2022.
- All volunteers are required to have the COVID-19 vaccination.
- Teen must have **all** paperwork submitted by Friday, May 6 at 4:30 p.m.
- If accepted, teen will attend orientation on Wednesday, June 1 *or* Thursday, June 2.

### **Applications are accepted until Friday, May 6, 2022 at 4:30 p.m.**

*Any application submitted after May 6 at 4:30 p.m. is late and may not be considered.*

Applications can be dropped off at Wesley Medical Center in guest and volunteer services  
(Building 2 on the first floor)

or emailed to:

[WMDC.Volunteers@wesleymc.com](mailto:WMDC.Volunteers@wesleymc.com)

Subject: VolunTeen Application

*Please note that we do our best to accommodate as many teens as possible, but we only have a certain number of positions available. Availability and other factors are taken into consideration when choosing teens for our program.*

Teens will be contacted via email by May 10 with further instructions.

### **Please enclose the following with your application:**

1. VolunTeen Information Sheet
2. VolunTeen Availability Sheet
3. A paragraph on a separate paper why you are interested in volunteering in a hospital setting
4. A copy of school records showing your GPA from the previous semester
5. A letter of recommendation from a professional reference (teacher, advisor, job supervisor)
6. A copy of school immunization record as required by the Kansas School System, including booster for measles, mumps and MMR, as well as proof of COVID-19 vaccination.

## VolunTeen Information Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School Attending Next Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Phone Number(s): \_\_\_\_\_

Parents' Email Address: \_\_\_\_\_

What are your community affiliations (church, scouts, other organizations)?

\_\_\_\_\_  
\_\_\_\_\_

By turning in my application, I understand that if accepted:

- I am responsible for arriving on time to my assignment each week. If I know I will be late or cannot show up to my assignment, I will let the volunteer coordinator know at least 12 hours in advance.
- I must come to my assigned shift in proper uniform: red VolunTeen polo, khaki pants, closed-toed and closed-heeled shoes, a badge and a neat, clean appearance. If I wear jeans, shorts, leggings or anything that is not standard uniform, I understand that I will be asked to leave for the day.
- No dangling jewelry or facial jewelry permitted. No acrylic nails.
- I cannot ask for a letter of recommendation unless I have given 30 hours of service to the hospital.
- I will not use my cell phone during my volunteer assignment, especially while I am in the presence of a patient, guest or employee.
- An annual flu shot is required and documentation must be on file in the Guest Services office if I volunteer from Nov. 1-April 1. Flu mist is not accepted.
- Volunteering in in a hospital setting means there is a slight risk that I may be exposed to an infectious disease. Precautions are discussed as a part of the orientation process, but as there is for all employees, there will be a risk and I agree to hold Wesley Healthcare harmless in case of exposure.

I understand that any violations of these standards may affect my ability to volunteer at Wesley.

I have read and abide by the previous statements of standards.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# VolunTeen Availability Sheet

Please note that our VolunTeen program is for the entire 2022 summer, until just before school starts. If you are going to be gone for 3+ weeks during the summer, please consider other places for volunteering.

*This sheet is to help us determine your availability during the summer.*

*We schedule shifts in 4-hour time slots.*

*For scheduling purposes, our volunteers do not volunteer more than 2 full days in a week unless otherwise arranged.*

Please check all that are applicable. During the summer, I am available:

<u>Day</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<b>Morning (8:30 a.m.-12:30 p.m.)</b>					
<b>Afternoon (12:30-4:30 p.m.)</b>					

**Please Circle:**

My preferred day is:	Monday	Tuesday	Wednesday	Thursday	Friday
My second choice is:	Monday	Tuesday	Wednesday	Thursday	Friday
My third choice is:	Monday	Tuesday	Wednesday	Thursday	Friday
I am NOT available on:	Monday	Tuesday	Wednesday	Thursday	Friday

If possible, I would like to volunteer \_\_\_\_\_ hours a week during the summer.

Are you available to volunteer during the school year?    YES                      NO

What skills do you wish to obtain during your VolunTeen experience?

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Do you have any family members at Wesley? If so, what department?

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Shirt Size:    Men's Fit    Women's Fit    S    M    L    XL    2XL