



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 that 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.-5 p.m.

Applications are only accepted Monday, April 1-Friday, April 5, 2019.

Any application submitted after April 5 at 5 p.m. is late and may not be considered.

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

or mailed to:

Guest & Volunteer Services

550 N. Hillside

Wichita, KS 67214

Please note that we only have a certain number of positions available.

Teen will be contacted by April 15 via email with an acceptance or decline letter.

VolunTeen General Requirements

- In order to be considered, the teen must be 15 years old by June 1, 2019 and have completed their freshman year of high school by the end of the 2018-2019 school year.
- Teen must have **all** paperwork submitted by Friday, April 5 at 5 p.m. No exceptions.
- If accepted, teen **must** be able to attend orientation on Monday, June 3 or Tuesday, June 4.

Please enclose the following with your application:

1. VolunTeen Information Sheet
2. VolunTeen Availability Sheet
3. A paragraph on 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

VolunTeen Information Sheet

Please make sure writing is legible.

Name: _____

Address: _____

Your 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. If I know I will be late or cannot show up to my assignment, I will let the volunteer coordinator know as soon as possible.
- I must come to my assigned shift with the correct 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. Fingernails must be trimmed and neat.
- 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 acceptable.
- 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

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

We schedule shifts in 4-hour time slots.

You cannot volunteer more than 3 full days in a week.

If you are 15 years old, you are unable to volunteer more than one shift in a day.

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>
Morning (8:30 a.m.-12:30 p.m.)					
Afternoon (12:30-4:30 p.m.)					

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?

The department in the hospital that I wish to tour is _____.

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