

Northside Forsyth Hospital

2017 VolunTeen Summer Program

January 2nd	Applications available
February 28th	Deadline for submitting applications for the summer program
March 18th or 25th	Interview dates for new applicants
April 5th	Acceptance/non-acceptance letters mailed to all applicants
April 26th	Acceptance packet due
June 6th	Mandatory Orientation for new and returning teens
June 12th	Summer Session begins
June 29 th	Lunch and Learn – reservations required
July 4 th	Holiday – VolunTeens do not volunteer on this day.
July 7th	Lunch and Learn – reservations required
July 21st	Summer session ends. – All badges and code cards must be turned in at the end of your last shift.
August 14th	Participation letters with hours and invitations for the year-round program are mailed to teens fulfilling the summer program requirements.
September 18 th	Fall session begins for teens meeting requirements for year round program
October 27th	Fall session ends

Dianne Baker
VolunTeen Coordinator
770-844-3390
Aux.volunteens@northside.com



**NORTHSIDE HOSPITAL
FORSYTH**

Required Letter of Recommendation I

Date _____

Dianne Baker, Volunteen Coordinator
Northside Hospital Forsyth
1200 Northside Forsyth Drive
Cumming, GA 30041

Dear Ms Baker:

_____ has applied for membership in the 2017 Volunteen Program at Northside Hospital Forsyth.

I would like to make the following comments on this student's

- Maturity _____
- Behavior _____
- Dependability _____
- Ability to follow directions _____
- Additional comments _____

I recommend that _____ (be/not be) considered for the Volunteen Program at Northside Hospital Forsyth.

Signature of person submitting the recommendation

Title of person submitting the recommendation

Telephone number

Please place this form in a sealed envelope and sign across the seal of the envelope before you return this form to the applicant.



**NORTHSIDE HOSPITAL
FORSYTH**

Required Letter of Recommendation II

Date _____

Dianne Baker, Volunteer Coordinator
Northside Hospital Forsyth
1200 Northside Forsyth Dr
Cumming, GA 30041

Dear Ms Baker:

_____ has applied for membership in the 2017 Volunteer Program at Northside Hospital Forsyth.

I would like to make the following comments on this student's

- Maturity _____
- Behavior _____
- Dependability _____
- Ability to follow directions _____
- Additional comments _____

I recommend that _____ (be/not be) considered for the Volunteer Program at Northside Hospital Forsyth.

Signature of person submitting the recommendation

Title of person submitting the recommendation

Telephone number

Please place this form in a sealed envelope and sign across the seal of the envelope before you return this form to the applicant.



**NORTHSIDE HOSPITAL FORSYTH
VOLUNTEEN PROGRAM - AGREEMENT FORM**

PARENT/GUARDIAN AGREEMENT

The Volunteen program at Northside Hospital-Forsyth is a group of young people giving their time and talents to community service in a hospital setting. There are many responsibilities expected of teenagers serving others in a healthcare environment. This program will provide many learning experiences and hours of enjoyment. Both parent and teen should understand the seriousness in adhering to the roles and regulation set forth.

I hereby permit my son/daughter _____
to submit this application to join the Volunteen Program of Northside Hospital-Forsyth. If accepted into the program, I realize the responsibilities and will cooperate with my son/daughter to comply with the rules and regulations. I will assume the responsibility for his/her transportation.

Signature of Parent/Guardian _____

Date: _____

VOLUNTEEN'S AGREEMENT

I hereby elect and agree to be covered by Northside Hospital-Forsyth Worker's Compensation Program for any accident or injury sustained during the course of my volunteer service to Northside Hospital-Forsyth. I acknowledge that I am not considered an employee for any other purposes and am not entitled to any of the other benefits available to employees.

If accepted into the Volunteen Program, I agree to abide by the requirements and regulations and serve the required number of hours. I promise to consider as confidential all information which I may hear either directly or indirectly concerning a patient or a member of the hospital staff.

Applicant's Signature _____

Date: _____

NORTHSIDE HOSPITAL AUXILIARY - FORSYTH - VolunTeen Program

VolunTeen Application



Today's Date: ____/____/____

GENERAL INFORMATION Please Print Neatly			
Last Name:	First Name:	MI:	Preferred Name:
Street Address			
City:		State	Zip:
Home Phone:		Cell Phone:	
Email Address:		Birthdate:	Age:

High School:				
Year:	9th	10th	11th	12th
Previous Volunteer or Civic Experience:				
Special Skills/Talents/Interests:				

IMPORTANT INFORMATION
Is there any health issue that might limit your ability to volunteer: if so, please explain:
How did you hear of our program?

EMERGENCY CONTACT	
Name:	Relationship:
Home Phone:	Cell Phone:

VOLUNTEER INFORMATION

The auxiliary will attempt to make volunteer assignments based on the applicant's interests.

Available for Volunteer Assignment: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri
_____ 8am - 12pm _____ 12am - 4pm

Why do you want to volunteer?

AGREEMENT

Northside Hospital-Forsyth Auxiliary is a service and fundraising organization dedicated to the support of Northside Hospital, its patients, visitors and the community.

I understand and accept that in joining the Auxiliary and becoming a volunteer at Northside Hospital-Forsyth, I agree to the following:

- I am ready to begin volunteering after the June 6th mandatory orientation.
- To wear my photo identification badge and official uniform at all times when working my service.
- To work once a week, in the service to which I am assigned at the designated time.
- To give a service commitment of 20 - 24 hours during the summer session.
- To give advance notice to my department when I cannot come, except in the case of an emergency.
- Joining the auxiliary is not a path to employment nor does it provide an opportunity for job shadowing or internship.

In witness of my signature below, I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any falsification or significant omission of any information requested herein will be considered sufficient cause for discharge without prior warning at any time during my service with Northside Hospital-Forsyth Auxiliary.

I hereby elect and agree to be covered by Northside Hospital's Worker's Compensation Program for any accident or injury sustained during the course of my volunteer service to Northside Hospital. I acknowledge that I am not considered an employee for any other purposes and am not entitled to any of the other benefits available to employees.

Signature _____ Date _____

Print Name _____

Parent/Guardian Signature _____ Date _____