



**Northside Hospital Forsyth
2019 VolunTeen Program**



NEW VOLUNTEEN CHECKLIST

Following instructions is an important step in becoming a VolunTeen and will show us that you are responsible. This checklist is to ensure that you are clear as to the requirements for applying to the VolunTeen program.

1. ____ Read through the application packet with your parents and check your summer commitments for any conflicting dates. Fill out the application completely.
2. ____ Ask your teachers who are filling out your recommendation forms to place the form in a sealed envelope and have them sign across the seal of the envelope. Unsealed envelopes will not be accepted and your application will be considered incomplete. Include the sealed envelopes with your Agreement Forms.
3. ____ Submit Application online.
4. ____ Place all remaining forms in an envelope to ensure that all materials stay together. Your packet is complete with the following materials.
 - a. Two signed Agreement Forms
 - b. Two letters of recommendations signed across the seal of the envelope
5. Mail your completed packet to:

Dianne Baker
VolunTeen Coordinator
Northside Hospital Forsyth
1200 Northside Forsyth Drive
Cumming, GA 30041
6. ____ Deadline Date: Wednesday, February 8th by 3:00pm. There will be **no** exceptions to this deadline date. Applications postmarked or delivered in person, after February 8th will not be processed.



**NORTHSIDE
HOSPITAL**

**Northside Hospital Forsyth
2019 VolunTeen Program
VolunTeen Agreement Form**

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 7th 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 if I cannot come, except in the case of an emergency.
- Joining the auxiliary does not 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, acknowledge that I am not considered an employee for any other purposes, and I am not entitled to any of the other benefits available to employees.

Volunteer Signature _____ Date _____

PrintName _____

Parent/Guardian Signature _____ Date _____



**NORTHSIDE
HOSPITAL**

**Northside Hospital Forsyth
2019 VolunTeen Program
Parent/Guardian Agreement Form**

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

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 rules and regulations 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.

Parent/Guardian Signature _____

Date _____

Applicant's Name: _____

Teacher Information:

Name: _____

Subject: _____

Phone Number: _____

The student listed above is applying to the Northside Forsyth VolunTeen Summer Program. Our hospital is a service centered facility dealing with the medical needs of the community. Maturity is required in handling given assignments. We would appreciate your insight about the students responsibility and dependability as well as his/her maturity. Please place this form in a sealed envelope and place your signature across the seal. It is very important that this Recommendation Form be returned to the applicant prior to its due date of February 8, 2019.

On a scale of 1 to 5, rate the applicant on the following items.

1= Strongly Disagree 2= Disagree 3= Unknown 4= agree 5= Strongly Agree

Thank you for taking the time to complete this form.

Dianne Baker - VolunTeen Coordinator
Northside Hospital Forsyth
aux.volunteens@northside.com

770-844-3390

I know the applicant well 1 2 3 4 5

I can depend on the applicant to complete assigned task without prompting. 1 2 3 4 5

The applicant acts maturely around both his/her peers and adults. 1 2 3 4 5

There are no behavioral issues with the applicant. 1 2 3 4 5

The applicant will have no trouble adhering to all policies and procedures, including the restriction of cell phone usage in the hospital. 1 2 3 4 5

The applicant adapts well to new situations. 1 2 3 4 5

Teacher's Signature _____ Date _____

Applicant's Name: _____

Teacher Information:

Name: _____

Subject: _____

Phone Number: _____

The student listed above is applying to the Northside Forsyth VolunTeen Summer Program. Our hospital is a service centered facility dealing with the medical needs of the community. Maturity is required in handling given assignments. We would appreciate your insight about the students responsibility and dependability as well as his/her maturity. Please place this form in a sealed envelope and place your signature across the seal. It is very important that this Recommendation Form be returned to the applicant prior to its due date of February 8, 2018.

On a scale of 1 to 5, rate the applicant on the following items.

1= Strongly Disagree 2= Disagree 3= Unknown 4= agree 5= Strongly Agree

Thank you for taking the time to complete this form.

Dianne Baker - VolunTeen Coordinator
 Northside Hospital Forsyth
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 770-844-3390

- | | |
|---|--------------------------|
| I know the applicant very well. | 1 2 3 4 5 |
| I can depend on the applicant to complete assigned task without prompting. | 1 2 3 4 5 |
| The applicant acts maturely around both his/her peers and adults. | 1 2 3 4 5 |
| There are no behavioral issues with the applicant. | 1 2 3 4 5 |
| The applicant will have no trouble adhering to all policies and procedures, including the restriction of cell phone usage in the hospital. | 1 2 3 4 5 |
| The applicant adapts well to new situations. | 1 2 3 4 5 |

Teacher's Signature _____ Date _____



**Northside Hospital Forsyth
2019 VolunTeen Program
ABSENCE REQUEST FORM**

NAME: _____ DATE: _____

Because continuity is so important to your program, please do not apply to our summer program if you plan to miss more than one shift during the six week program or if you cannot attend your first shift the week of June 10, 2018

- I will be available the first week of the summer program? YES NO
- Do you have any absences planned during our summer program? **If** YES NO
yes, please complete the third question

3. What is the date of your planned absence? _____

Please sign and date this form even if you do not plan to have any absences during our summer program

APPLICANT'S SIGNATURE

DATE _____

PARENT/GUARDIAN'S SIGNATURE

DATE _____



**NORTHSIDE
HOSPITAL**

**Northside Hospital Forsyth
2019 VolunTeen Program
SUMMER PROGRAM SCHEDULE**

January 2nd	Application Available
February 8th	Deadline for submitting applications by 3pm
March 9th or 16th	Interview dates for new applicants
April 5th	Acceptance/Non-acceptance letters mailed
April 30th	Acceptance packet due
June 7th	Mandatory Orientation 9am - 3pm
June 10th	Summer Session begins
June 28th	Lunch and Learn - Reservations required
July 4th (Thu)	VolunTeens will not work on Wednesday, July 4, 2018. Lunch and
July 15th	Learn - Reservations required
July 19th	Summer sessions ends - All badges and code cards must be returned.
August 12th	Participation letters with hours and invitations for the year-round program are mailed to teens fulfilling the summer program requirements.

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VolunTeen Coordinator
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