



Northside Hospital Forsyth 2020 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
 - c. Absence Request Form
5. **Mail** your completed packet to:
Dianne Baker
VolunTeen Coordinator
Northside Hospital Forsyth
1200 Northside Drive
Cumming, GA 30041
Dropped off Forms will not be processed!
6. ____ Deadline Date: **Friday, February 7th** by 3:00pm. There will be **no** exceptions to this deadline date. Applications postmarked after **February 7th** will not be processed.



Northside Hospital Forsyth 2020 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 5th 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 Forsyth
2020 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 _____



**Northside Hospital Forsyth
2020 VolunTeen Teacher Recommendation Form**

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 7, 2020**.

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

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 _____

Thank you for taking the time to complete this form.

Dianne Baker - VolunTeen Coordinator
 Northside Hospital Forsyth
aux.volunteens@northside.com
 770-844-3390



**Northside Hospital Forsyth
2020 VolunTeen Teacher Recommendation Form**

#2

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 7, 2020**.

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

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 _____

Thank you for taking the time to complete this form.

Dianne Baker - VolunTeen Coordinator
Northside Hospital Forsyth
aux.volunteens@northside.com
770-844-3390



**Northside Hospital Forsyth
2020 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 8, 2020

1. I will be available the first week of the summer program? YES NO
2. Do you have any absences planned during our summer program? YES NO
If 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 Forsyth
2020 Volunteering Program
SUMMER PROGRAM SCHEDULE**

January 2nd	Applications Available at: www.northsideforsythauxiliary.com
February 7th	Deadline for submitting applications Applications will be closed if we reach our quota before February 7th.
March 7th & 14th	Interview dates for new applicants
April 8th	Acceptance/Non-acceptance letters mailed
May 8th	Acceptance packet due.
June 5th	Mandatory Orientation 8:30am - 3pm
June 8th	Summer Session begins
June 23rd	Lunch and Learn Event Reservations <i>required</i>(10am-2pm)
July 13th	Lunch and Learn Event Reservations <i>required</i>(10am-2pm)
July 17th	Summer sessions ends - All badges and code cards must be returned.
August 5th	Participation letters with hours mailed

**Dianne Baker
VolunTeen Coordinator
770-844-3390**



Northside Hospital Forsyth 2020 VolunTeen Program Frequently Asked Questions

- **Where do I mail my Application?**
Dianne Baker
VolunTeen Coordinator
Northside Hospital Forsyth
1200 Northside Forsyth Drive
Cumming, GA 30041
- **Can I drop off my Additional Forms at the hospital?**
NO! Any forms dropped off at the hospital will not be processed.
- **Where are the on-line Applications?**
Go to northsideforsythauxiliary.com
- **I turn 16 after January 1, 2020. Will you make an exception to the age requirement?**
No, we are sorry but an exception cannot be made for the age requirements.
- **How many days do we volunteer?**
You will volunteer one day a week. You will select either a morning shift (8am - 12pm) or an afternoon shift (12pm - 4pm).
- **May I have more than one absence during the six week period?**
Because the program is only six weeks long and the staff depends on your presence, we only allow one absence during the program.
- **When will I find out my assignment?**
You will receive your ID Badge and your placement at the mandatory Orientation.
- **I volunteered at Northside Atlanta last year. Am I considered a “Returning” Teen if I am accepted in the Northside Hospital Forsyth program?**
NO. Our programs are completely different. You will have to apply as a “New” applicant.
- **Are there weekend assignments?**
We only offer Monday - Friday assignments.
- **Are my parents required to attend the Orientation?**
No, only the accepted teens attend the Orientation.

If you have any other questions, please call me at 770-844-3390 or email me at aux.volunteens@northside.com