



February 1, 2024

Dear Interested Student Volunteer:

Thank you for your interest in volunteering at Piedmont Athens Regional Medical Center. I realize summers are busy times for teens and I think it is wonderful that you are considering sharing a part of yours with us! Please remember you must be **16 years old by June 1<sup>st</sup>** and hold a grade point average of 3.0 or higher in order to be considered for this year's program.

In order to participate in the teen volunteer program, you **must** be able to:

- 1) Attend a mandatory orientation session on Saturday, May 4, from 9:00am to 12:00pm.
- 2) Volunteer one 4-hour shift per week (the same day and time each week) for at least 6 of the 8 weeks of the program. The program begins June 3<sup>rd</sup> and ends July 26<sup>th</sup>.
- 3) Purchase a uniform (approximately \$25).
- 4) Complete two TB test, provide proof of Measles, Mumps, Rubella, and Varicella immunity, as well as provide proof of current COVID-19 vaccination or signed declination.

**Enclosed are two reference forms, an application form, and a student contract to be completed and returned to me by March 22<sup>nd</sup>. Electronic/emailed applications and reference letters are preferred over mail.**

Please write your name on the reference forms and have the references completed by **two different teachers from your core classes and your guidance counselor**. You will need to complete the application form, a 100-300 word essay as to why you want to volunteer, and the student contract (a parent/guardian will also sign the application). If the necessary paperwork is not complete, you will not be considered for the program. It is your responsibility to ensure that reference letters are completed on time. After you have submitted the complete application, you may be contacted for an interview.

You will be notified if you are or are not accepted into the program by April 15<sup>th</sup>. If you are accepted, you will be contacted about scheduling and placement options.

Thank you so much for your interest and I look forward to hearing from you soon!

Sincerely,

A handwritten signature in blue ink that reads "Katie Sadler-Stephenson". The signature is fluid and cursive, with a long horizontal line extending to the right.

Katie Sadler-Stephenson  
Supervisor Volunteer Services  
Piedmont Athens Regional Medical Center  
1199 Prince Avenue  
Athens, GA 30606

**2024 TEEN VOLUNTEER APPLICATION  
PIEDMONT ATHENS REGIONAL MEDICAL CENTER**

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Age\*: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male (  ) Female (  ) Other (  )

*\*Applicant must be 16 years old before June 1, 2024*

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Daytime Phone Number: \_\_\_\_\_

Parent/Guardian Employer: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Daytime Phone Number: \_\_\_\_\_

Parent/Guardian Employer: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_

Overall Grade Point Average: \_\_\_\_\_ Grade: \_\_\_\_\_

Is there any medical reason that you feel would interfere with your performance of your volunteer duties?  Yes  No  
If yes, what accommodations do you feel would allow you to perform these duties? \_\_\_\_\_

Hobbies, Special Interests, Talents & Skills: \_\_\_\_\_

Community/School Activities (church, clubs, organizations): \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Are you interested in a healthcare career? Yes (  ) No (  ) Unsure (  )

If so, what area? \_\_\_\_\_

If not, what is your ambition? \_\_\_\_\_

Teen volunteers must be able to volunteer one four-hour shift per week and be able to volunteer at least six of the eight weeks of the program.

*Day Availability (circle all that apply)*

Monday

Tuesday

Wednesday

Thursday

Friday

*Shift Availability (check all that apply)*

Mornings: \_\_\_\_\_ 8am-12pm                      \_\_\_\_\_ 8:30am-12:30pm                      \_\_\_\_\_ 9am-1pm  
Afternoons: \_\_\_\_\_ 12:30pm-4:30pm                      \_\_\_\_\_ 1pm-5pm

NOTE: Volunteers will only be *scheduled* for one shift each week (the same day and time each week); however, the more available you are (the more days and times you check above) the better your chances become of being placed in an area of interest to you. You will have an opportunity to rank the various volunteer service areas at orientation. For instance, if you indicate that you can only volunteer on Monday afternoons, you will be assigned to an area that needs help on Monday afternoon regardless of how you rank that area in terms of your interest.

*On a separate page, type a 100-300 word essay describing why you want to volunteer / how you can be helpful to the program. Your application is not complete without the essay.*

### **TO BE SIGNED BY TEEN:**

Since the hospital will depend upon me for the time I agree to work, when it is necessary for me to be out, I will notify my supervisor and the Volunteer Office of my absence. I understand that I am expected to miss no more than two weeks (two shifts) during the program which begins June 6<sup>th</sup> and ends July 31<sup>st</sup>.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### **THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN:**

My child \_\_\_\_\_ has my consent to volunteer at Piedmont Athens Regional Medical Center and to attend the necessary orientation program for his/her work in this program. I give permission for him/her to render the number of hours of service required, missing no more than 2 shifts (two weeks) of service due to vacation or camp, and to attend meetings and participate in other activities of the program.

I understand that all medical or health care (emergency or otherwise) that a volunteer receives at Piedmont Athens Regional will be at the expense of the individual involved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Piedmont Athens Regional Medical Center Teen Volunteer Contract

If I serve as a Teen Volunteer for Piedmont Athens Regional Medical Center, I pledge to make the following commitment:

- 1) To be dependable and fulfill my volunteer assignment.
- 2) To be open to learning about the hospital, its services, and rules about my volunteer duties by asking questions when needed and accepting guidance and directions graciously.
- 3) To conduct myself with dignity, courtesy and thoughtfulness.
- 4) To obey the dress code:
  - a. Red PARMC t-shirt (always tucked in)
  - b. Long khaki, navy, or black pant (no jeans/denim allowed)
  - c. Hospital issued picture ID (this is part of the uniform and must be visible when you are serving at the hospital)
  - d. Tennis shoes
  - e. Simple jewelry
  - f. Windbreakers, athletic jackets, sweaters and sweatshirts are not permitted; a long-sleeve white or black t-shirt may be worn under the volunteer shirt
  - g. Visible tattoos or visible body piercing, other than standard ear piercing, is not permitted
  - h. Perfume, cologne or after shave is not permitted
- 5) To be pleasant; I will have a friendly and positive attitude.
- 6) To abide by the rules and regulations set by the Volunteer Services Department of Piedmont Athens Regional Medical Center.

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Signature

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Date

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

Dear **TEACHER**:

\_\_\_\_\_ has applied for acceptance in the Teen Volunteer Program at Piedmont Athens Regional Medical Center for the summer of 2022. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. Thank you for taking time to complete this reference.

1) Please indicate your evaluation of the applicant with a check mark in the appropriate fields below.

	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
TRUSTWORTHINESS				
INITIATIVE				
LEADERSHIP				
MATURITY				
TEAM SKILLS				
DEPENDABILITY				
INTERPERSONAL SKILLS				

2) Summary Evaluation

- Recommend without reservation
- Recommend with reservation (please provide reservations below)
- Do not recommend

3) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

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Your name: \_\_\_\_\_

School: \_\_\_\_\_

Class/Subject: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Forms may be returned to the student for submission (provided they are sealed and your signature is across the seal) or sent directly to the Volunteer Services office at the email or fax below.

**References must be submitted by March 22, 2024.**

Piedmont Athens Regional Volunteer Services  
Attn: Katie Sadler-Stephenson  
Email: [katie.sadler-stephenson@piedmont.org](mailto:katie.sadler-stephenson@piedmont.org)  
Fax: 706-475-5779  
Phone: 706-475-9056

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

Dear **TEACHER**:

\_\_\_\_\_ has applied for acceptance in the Teen Volunteer Program at Piedmont Athens Regional Medical Center for the summer of 2022. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. Thank you for taking time to complete this reference.

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TEAM SKILLS				
DEPENDABILITY				
INTERPERSONAL SKILLS				

2) Summary Evaluation

- Recommend without reservation
- Recommend with reservation (please provide reservations below)
- Do not recommend

3) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

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

Your name: \_\_\_\_\_

School: \_\_\_\_\_

Class/Subject: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Forms may be returned to the student for submission (provided they are sealed and your signature is across the seal) or sent directly to the Volunteer Services office at the email or fax below.

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Fax: 706-475-5779  
Phone: 706-475-9056

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

Dear **GUIDANCE COUNSELOR**:

\_\_\_\_\_ has applied for acceptance in the Teen Volunteer Program at Piedmont Athens Regional Medical Center for the summer of 2022. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. They are also required to have a 3.0 GPA at the time of applying to the program. Thank you for taking time to complete this reference.

- 1) Student's cumulative GPA:
- 2) Please indicate your evaluation of the applicant with a check mark in the appropriate fields below.

	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
TRUSTWORTHINESS				
INITIATIVE				
LEADERSHIP				
MATURITY				
TEAM SKILLS				
DEPENDABILITY				
INTERPERSONAL SKILLS				

- 3) Summary Evaluation
  - Recommend without reservation
  - Recommend with reservation (please provide reservations below)
  - Do not recommend
- 4) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

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

Your name: \_\_\_\_\_

School: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Forms may be returned to the student for submission (provided they are sealed and your signature is across the seal) or sent directly to the Volunteer Services office at the email or fax below.

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