



March 1, 2020

Dear Teen:

We are pleased that you are interested in becoming a volunteer this summer at UNC Lenoir Health Care. Teenagers are an exciting part of our total volunteer program that we look forward to each summer when teens are here to volunteer and learn. In order to participate in the Summer Student Volunteer Program, you must have completed 9th grade and have an **85** or higher scholastic grade point average.

Our summer program will run from Monday, June 15 - Thursday, August 6, 2020. You must serve **one day a week from 9 a.m. – 4 p.m.** for 6 of the 8 week program. It will be the same day each week and lunch will be provided. Mandatory volunteer orientation will be held from 9 a.m. – 2:30 p.m. on Monday, June 8, 2020. Please **DO NOT** apply if you cannot attend the mandatory orientation session and participate 6 of the 8 weeks.

Please do the following:

1. Complete both sides of the enclosed application.
2. In a 1 page essay, please explain how you will enrich the patient experience at UNC Lenoir if you are selected as a teen volunteer and how you feel it will enrich your life.
3. Get **two** written recommendations from two different teachers of your choice. Please use the enclosed recommendation forms.
4. Have a parent or guardian complete and sign the portion of the application "TO YOUR PARENT".
5. The above materials **must be received by April 9, 2020**. Return completed application packet to Volunteer Services in the attached envelope or mail application package to: Volunteer Services Department, UNC Lenoir Health Care, P.O. Box 1678, Kinston, NC, 28503.

Teens are selected for the program based on the submitted application packet. If you are selected, you will be invited to attend an informational meeting. **A PARENT/GUARDIAN MUST ACCOMPANY YOU TO THE MEETING** which will be held in the evening to be convenient for them. This meeting allows you and your parent/guardian the opportunity to learn more about the program and to ask questions. At the end of the meeting, you will meet with a volunteer for a brief interview and they will ask for a copy of your up-to-date immunization record, most recent school record that states your birth date and grade point average.

Teen volunteers are brought into the volunteer program only once a year. Because we have a great many persons interested in our program, we cannot accept everyone who applies, so please send in a complete and well prepared application packet. I look forward to hearing from you!

Sincerely,

Mrs. Ann Durusky

Mrs. Ann Durusky, Director
Volunteer Services
252.522.7006



LENOIR UNC HEALTH CARE

Application for Volunteer Services
Summer Student Volunteer Program
June 15 - August 6, 2020

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Number: _____ e-mail address: _____

Name of School Currently Attending: _____

Current Grade: _____ Graduation Date: _____ Grade Point Average: _____

Hobbies and Club Memberships: _____

If you have any relatives working at UNC Lenoir Health Care, please give the names and the areas in which they work: _____

Are you interested in a healthcare career? _____ If so, in what field? _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____
If yes, please explain

In case of emergency, notify: _____
(Person's Name)

(Relationship)

(Phone Number)

Essay: In one page, please explain how you will enrich the patient experience at UNC Lenoir if you are selected as a teen volunteer and how it will enrich your life.

References: Two completed reference forms must accompany your application. Please use the enclosed forms.

**Please DO NOT apply
if you cannot attend Orientation on Monday, June 8, 2020!**

TO YOUR PARENT:

Does your teen have any limitations or is there any additional information you would like us to have on file to better place your teen? _____

Please discuss the following with your teen and assist him/her in completing the section below. This information will be used to make individual assignments. Your teen will receive their schedule in the mail by June 5th.

1. Circle all the days you are available to serve, knowing ONE will be selected to best meet the needs of the hospital. Teens serve from 9 a.m. – 4 p.m. on the one day they are assigned. They must serve their assigned day, 6 of the 8 week summer program.

Monday Tuesday Wednesday Thursday

2. Do you have transportation to and from UNC Lenoir? Yes _____ No _____

Who is providing transportation? _____

- ◆ My teenager has my permission to serve at UNC Lenoir Health Care. My teenager and I both understand that he/she will be responsible for specific assignments, which will be made according to the day that he/she is available to volunteer. I verify that my teenager will be 15 years of age or have completed the ninth grade by June 2020.

(Print Name of Parent or Guardian)

(Signature of Parent or Guardian) (Date Signed)

(Best phone number to reach parent or guardian during the day)

- ◆ I hereby make application for membership in the UNC Lenoir Health Care Volunteers. I agree to uphold the purpose and policies of the institution that it serves and abide by the training I will receive in orientation.
- ◆ I certify that the information contained in this application is correct and complete to the best of my knowledge.
- ◆ I understand that upon my successful completion of the volunteer placement processes required by UNC Lenoir and the approval for service by Volunteer Services Management, I will become a “volunteer”. As a volunteer I acknowledge that I will not receive compensation for service.

(Signature of Teen) (Date Signed)

UNC Lenoir Health Care
SUMMER STUDENT PROGRAM

REFERENCE FORM

Directions: UNC Lenoir Health Care is seeking teenagers for its summer Teen Volunteer Program. The teens selected must be mature, dependable, and capable of working with minimal supervision. If you think this student will make an outstanding Teen Volunteer, please complete the following form and check the appropriate boxes.

Name of student _____

Name of school _____

Name of teacher completing this form (print) _____

Teacher's Signature _____ Date _____

Name of class student enrolled in with above teacher _____

How long have you known the student? _____

A = All of the time B = Most of the time C = Needs improvement D = Don't Know

The above student is . . .

	A	B	C	D
On time				
Dependable				
Helpful				
Neat and clean in appearance				
Enthusiastic & willing to learn				
Pleasant to teachers and classmates				
Can be trusted to work with minimal supervision				

Comments:

Return this form to the student **or** mail directly to the following address by **Thursday, April 9:**

Ann Durusky, DVS
UNC Lenoir Health Care
P.O. Box 1678
Kinston, NC 28503
(252) 522-7006
adurusky@lenoir.org

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