

# Children's Hospital

Leading the Way to Healthy Children

Dear Prospective Volun“teen,”

We are delighted to learn that you are interested in volunteering at Children's Hospital. Please take the time to read this letter carefully. You must be at least 14 years old as of January 1st and entering high school in order to volunteer at Children's Hospital. The following instructions provide information you need to make your volunteer experience positive and successful.

## An Applicant to the Summer Volunteer Program Must:

### **Complete the entire application.**

- Have your parent or guardian read and sign the parent letter.
- Give reference forms to two adults, not related to you to complete (such as teacher, neighbor, pastor). Your references must send forms directly to our department - see address on form.
- Your application, signed parent letter, and references must be returned to the Volunteer Services and Resources department by the deadline. Your application packet must be complete and cannot be considered without references or parent letter.

### **Submit application by deadline of March 15, 2010**

- We regret that we are unable to accept applications after this date.

### **Attend an interview with your parent or guardian.**

- You and a parent or guardian must attend an interview session. Interviews will be scheduled for late March.

### If selected to participate, teen must:

#### **Complete required orientation**

### **Volunteer positions will begin in June 2010.**

At the interview session we will discuss placement and orientation, and attempt to answer any questions you may have related to volunteering at Children's Hospital. Students will interview in small groups with their peers and be asked a series of questions. Students will also answer one short written question. During this time, parents/guardians will attend an information session.

Sincerely,

Judy Caudill

Associate Director of Volunteer Services

To be completed by Volunteer

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

## Section I - Personal Information: Please Print

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail Address: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Volunteers accepted into the program are scheduled in one of three two-week sessions.

Please select the program(s) you are interested in.

Main Hospital Volunteer

Children's Rehabilitation Center

## Section II - Volunteer Interests and Experience:

Why would you like to volunteer for Children's Hospital?

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What do you hope to gain through your experience as a volunteer?

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Describe any experience you have working with children.

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What do you wish to avoid?

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Are there any specific interests that you wish to pursue as a volunteer?

Some volunteer jobs require volunteers to work independently without direct supervision. Do you prefer to have a supervisor readily available or are you comfortable working alone?

Please list any applicable education or work experience that you have.

Please list any additional skills or other information we might like to know about you.

Please list any other volunteer experience you may have.

Name of Organization

Dates

## Section III - Permission to Verify Content

I, \_\_\_\_\_ (applicant) hereby authorize verification of all statements herein and release Children's Hospital and all others from liability in connection with the same.

Applicant's Signature

Date

Please return to:

Volunteer Services and Resources  
P.O. Box 15010  
Knoxville, TN 37901

Phone - (865) 541-8136

You will receive information in March regarding the interview schedule.

# To The Parents of a Volunteer:

Your teen has applied to become a Children's Hospital Volunteer. Teens applying to the program are asked to commit to one of six two-week sessions. Sessions are Monday - Friday with two shifts per day. Students have the choice of a morning session, 8:30 a.m. until 12:30 p.m. or an afternoon session from 12:00 to 4:00 p.m. Those who wish to serve others are special. We are looking for Volunteers who honor the commitments they make, who will treat information about patients as strictly confidential, who are enthusiastic, pleasant, considerate, and honest.

In return, we can provide:

- The opportunity to work with a variety of interesting people.
- Experience in doing different kinds of work.
- A chance to learn responsibility and show leadership.
- A chance to explore health care careers.

For most of our Volunteers, the commitment they make to us is also a commitment for you. They count on their parents to:

- Provide transportation to and from the hospital.
- Help ensure their timely arrival.
- Expect them to do their best in jobs assigned.
- Not schedule family events or duties at the time they are scheduled to volunteer.
- Help make sure they arrive at Children's Hospital in a clean and complete Volunteer uniform.

We understand there will be times when your teen cannot come, such as illness, emergencies, or vacations. We ask that Volunteers call us when they are ill or have an emergency, and give as much notice as possible about vacation plans. If we do not receive a call, we will be counting on him/her to be here.

Please note, a parent or guardian needs to attend the interview session. You will be listening to an information session while your teen attends the interview. Directly supervised positions or incoming teens are limited. Not all qualified applicants may be placed.

Your teen, along with over 350 other Volunteers and Volunteers, can make a real difference in the lives of our young patients. If you are willing to support your teen's participation in the Volunteer program, please sign below.

I support my teen's involvement in the Children's Hospital Volunteer program.

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Date

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Parent or Guardian

Please share any information that we should know in considering your teen for a Volunteer assignment.

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# Children's Hospital Volunteer Reference Form

\_\_\_\_\_ has applied to become a Volunteer at Children's Hospital. Please reflect on your experiences with this person and share any information, which will help us in our consideration of him/her for an appropriate placement assisting our patients, families, and staff.

Our Volunteers must possess a genuine concern for people, self-motivation and maturity because they may be exposed to stressful situations while at the hospital. Your help in assessing these and other characteristics is vital to our placement process.

## ALL INFORMATION YOU PROVIDE WILL BE REGARDED AS CONFIDENTIAL

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Please describe the character and personality of the applicant. \_\_\_\_\_

Please describe the applicant's reliability and willingness to make a weekly commitment to a Volunteer position.

How strongly would you recommend this applicant for placement in a Children's Hospital setting?

- With great confidence       With confidence       With some confidence  
 With reservation       I do not recommend (please explain below)

Please share any other information that would be helpful in considering this applicant. Thank you!

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Phone

Volunteer Services and Resources can be contacted directly at (865) 541-8136.

Return completed reference for by March 15 to:

Children's Hospital

Volunteer Services and Resources

Volunteer Program

P.O. Box 15010, Knoxville, TN 37901

# Volunteer Application Checklist

Thank you for your interest in the Volunteer program at Children's Hospital. In order to process your application, all of the following items need to be received in our department by the deadline. Please make sure your application packet is complete. We recommend giving your references stamped, addressed envelopes.

You will need:

- Volunteer Application (2 pages)
- Parent letter for permission
- Reference #1
- Reference #2

- Did you check the deadline?

Summer applications can only be accepted until March 15.

Once you have all your materials together, mail to:

***NOTE: Your references should mail their completed reference forms directly to us at the following address. We will match them with your application.***

ATTN: Volunteer Program

Children's Hospital

Volunteer Services and Resources

P.O. Box 15010, Knoxville, TN 37901

# Volunteer Dates To Remember

**March 15**

LAST DAY applications will be accepted

**April 12 or 13**

Interview Session

Additional information will be mailed following the March 15 deadline

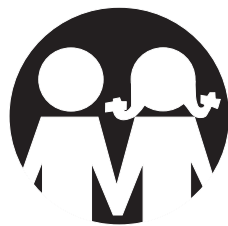
**Session 1    June 7 - 18**

**Session 2    June 21 - July 2**

**Session 3    July 5 - 16**

**Questions?**

Call 541-8136



**Children's Hospital**

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