



Dear Prospective VolunTeen,

We are delighted you are interested in volunteering at East Tennessee Children's Hospital. Please take time to read this letter carefully. You must be 14 years old as of January 1, 2015 and entering high school in order to volunteer at Children's Hospital. The following instructions provide information you need to make your volunteer application experience positive and successful.

**An applicant to the Summer VolunTeen 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 a teacher, neighbor, pastor). Include your 2 references with your application.
- Your application, signed parent letter and references must be returned to the Volunteer Services and Programs Department by the deadline. **Your application packet must be complete and cannot be considered without references or parent letter.**

**Submit application postmarked by March 15, 2015.**

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

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

- Applications will be reviewed and **if selected**, you and a parent or guardian will be invited to attend an interview session. Interviews will be scheduled for late March.
- You must attend an interview session in order to be considered for the VolunTeen Program.

**If selected to participate, Teen must:**

- Complete the required orientation and training.
- Furnish a copy of immunization record.
- Pay the one-time \$40 VolunTeen processing fee
- Commit to the two-week volunteer program. (Schedule to be determined).

**VolunTeen Positions will begin June 2015**

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 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.

**East Tennessee Children's Hospital  
2015 Summer VolunTeen Application**

To participate in the Summer VolunTeen Program, teens must be 14 years old by January 1, 2015. Teens must complete the application and attach the "To the Parents" signed letter and two references. Completed applications are dated as they are received. Those selected to move forward will be scheduled for an interview. If selected for our program, you must attend an orientation and training session. \*Please note: Submitting an application does not guarantee acceptance into our VolunTeen Program. A limited number of positions are available. Applications are accepted from January 1 – March 15, 2015.

*To Be Completed By Teen Applicant*

**Section 1 – Personal Information: Please Print**

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

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

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

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

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be 14 by January 1, 2015)

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

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

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

- The Volunteer Services and Programs Office hours are Monday through Friday from 8:00 a.m. – 4:30 p.m.
- Teens accepted into the summer program will be scheduled in one of three two-week sessions.
- Those scheduled for the hospital will be scheduled 8:30 a.m. – 12:30 p.m. or 12:00 noon – 4:00 p.m.
- Teens scheduled for the Rehab Camp will be informed of hours at a later date.

**Section II – Volunteer Interests and Experience:**

Why would you like to volunteer at East Tennessee Children's Hospital?

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Describe any experience working with children:

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Some VolunTeen jobs require teens to work independently without direct supervision. Do you prefer to work with others or are you comfortable working alone?

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

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List any volunteer experience you may have.

Date	Name of Organization	Comments
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List anything else (hobbies, things you like to do or comments) that make you a candidate for volunteering at East Tennessee Children's Hospital.

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### Section III – Permission to Verify Content

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

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Applicant's Signature

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Date

Please return application with Parent Letter and two references to:

East Tennessee Children's Hospital  
Volunteer Services and Programs  
Attn: VolunTeen Program  
PO Box 15010  
Knoxville, TN 37901

Completed applications w/ references must be postmarked by March 15, 2015 to be eligible for the program.

**To the Parents of a Teen:**

Your teen is applying to become an East Tennessee Children’s Hospital VolunTeen during the 2015 summer. Teens applying to the program are asked to commit to one of several two-week sessions. Sessions are Monday – Friday with two shifts per day. Students have the choice of a morning session, 8:30 a.m. – 12:30 p.m. or an afternoon session from 12 p.m. to 4:00 p.m. We also offer opportunities for our VolunTeens to volunteer at our Rehab Camp. Details about all our volunteer opportunities will be provided at the interview/information session.

Those who wish to serve others are special. We are looking for teens 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.

For most of our VolunTeens, 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 to 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 VolunTeen uniform. (The uniform shirt and nametag are \$40)

We understand there will be times when your teen cannot come, such as illness or emergencies. We ask that the VolunTeen call us when they are ill or have an emergency. If we do not receive a call, we will be counting on him/her to be here.

Your teen can make a difference in the lives of our young patients. If you are willing to support your teen’s participation in the VolunTeen Program, please sign below.

I support my teen’s involvement in the East Tennessee Children’s Hospital’s VolunTeen Program.

\_\_\_\_\_

Date

Parent or Guardian

Please use the back of this sheet if you would like to share any information that we should know in considering your teen for a VolunTeen assignment.

Note: We have a limited number of VolunTeen positions. Not all qualified applicants will be placed.



\_\_\_\_\_ has applied to become a VolunTeen at East Tennessee Children's Hospital. Please reflect on your experiences with this teen 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 VolunTeens 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 in 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.

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

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How strongly would you recommend this applicant for placement in the 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 this applicant. Thank you!

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

Return completed **reference to applicant** or **mail to:** East Tennessee Children's Hospital  
Volunteer Services and Programs  
Attn: VolunTeen Program  
PO Box 15010  
Knoxville, TN 37901

**Completed applications w/ references must be postmarked by March 15, 2015 to be eligible for the program.**