



**Volunteer Services
Newton Medical Center
5126 Hospital Drive
Covington, Georgia 30014**

2012 Teen Volunteer Program

Dear Teen,

Thank you for your interest in volunteering at Newton Medical Center. Students chosen to serve in our hospital will be those who will best represent our hospital as responsible young adults. They will be expected to willingly participate and be fully engaged in activities. Newton Medical Center provides this opportunity for students to discover career fields and learn from professionals while attending sessions and performing assigned tasks.

Due to the sensitivity and intensity of issues encountered in a hospital and the number of applicants who apply to participate in the summer program, we have requirements and a screening process that includes:

Requirements for Application

- Age 15 by June 1, 2012 and on grade level
- Application (Pages 2 & 3) must be mailed and postmarked by April 6, 2012. Send **Volunteer office using the address in the upper right corner**
- 80+ GPA (Grade Point Average)
- References (1 Personal Reference page 4) (1 Guidance Counselor page 5)
- Personal Interview (you will be notified when to come in)

References

Give reference forms to your guidance counselor and to a person who has known you for some time and is not a relative. They may mail, fax or email the form back to us. **Applications returned with these references attached will not be accepted.**

2012 Teen Volunteer Sessions		
Students attend daily Monday thru Friday		
	Date	Time
<input type="checkbox"/> 1 week session <i>10th grade in the fall of 2012</i>	June 4 - 8	8:30 – 11:30
<input type="checkbox"/> 3 week session <i>12th grade in the fall of 2012 and 2012 graduating seniors</i>	June 11 - 29	8:30 – 11:30
<input type="checkbox"/> 2 week session <i>11th grade in the fall of 2012</i>	July 9 - 20	8:30 – 11:30



**Newton Medical Center
5126 Hospital Drive
Covington, Georgia 30014
2012**

Teen Volunteer Application (15 – 18 years of age)

Last Name	First Name	Middle
Street Address		Gender (Please Circle) M F
City	Zip	Cell Phone: Home Phone: Email:
Birthday (Month/Date/Year)	Age	Tag Number if you will be driving
Grade and Name of School in fall of 2012		New NMC Volunteer <input type="checkbox"/> Returning Volunteer <input type="checkbox"/>
I will graduate this spring Yes No		I plan to attend college Yes No
I will be age 15 by June 1, 2012 Yes No		Emergency Contact: Relation: Phone:
Based on my grade, I am applying to attend <input type="checkbox"/>1 week session <input type="checkbox"/>2 week session <input type="checkbox"/>3 week session		
Previous or current volunteer experience:		
School Activities:		
Honors and Awards:		
Career Plans:		
Previous or current employment:		
Guidance Counselor Reference (NAME)	School	Phone
Personal Reference (no relatives) (NAME)	Phone	
Special Skills and Talents		
Reason for applying		
Medical Conditions that coordinators should be aware of		
Family Physician		Phone:

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED

Volunteer Contract / Agreement

Parent / Guardian

I, the undersigned, have read and understand the guidelines as stated in this application packet including the dress code, code of conduct and procedures. If chosen to participate in the program, I will help my student arrive on time and leave according to the planned schedule. I have read the information provided on the application and agree it is correct.

I understand that students are expected to conduct themselves as responsible young men and women and any disciplinary action will result in dismissal from the program. I authorize Newton Medical Center to give emergency medical treatment to my son/daughter.

Signature of Parent or Guardian _____

Date _____

Student

I, the undersigned, have read and understand the guidelines as stated in this application packet including the dress code, code of conduct and procedures. I have read the information provided on the application and agree it is correct. I understand that students are expected to conduct themselves as responsible young men and women and any disciplinary action will result in dismissal from the program.

I agree that the information provided on this application is correct as of the date it was completed.

Signature of Student _____

Date _____

NEWTON MEDICAL CENTER
5126 HOSPITAL DRIVE
COVINGTON, Georgia 30014



Give this form to the reference person who will return it to the Volunteer office.

**Teen Volunteer Program
Personal Reference Form**

Regarding _____ Phone _____
Student

Address _____

City _____ Zip _____

All information will be kept confidential. DO NOT RETURN TO THE STUDENT.

Please fax to 770-788-0358 or mail to: Martha Taylor, CDVS, Newton Medical Center at the above address or e-mail to mtaylor@newtonmedical.com by April 6, 2012.

Please explain how you know the above named student.

Please describe the above named student, giving information about character and special talents.

If you were a patient or visitor in the hospital would you be favorably impressed by this student?

_____ Yes _____ No

Do you recommend this student for the summer Junior Volunteer Program?

_____ Yes _____ No

Signature of person giving reference Print Name

Phone Date

Student: Give this form to the counselor who will return it to the Volunteer office.

Newton Medical Center
2011 Teen Program



GUIDANCE COUNSELOR FORM
2012 Teen Program

To ensure confidentiality, please do not return this form to the student. Please fax or email. Forms submitted by the student will not be accepted.

Student _____ Date _____

Address _____ City, Zip _____

School _____ Current Grade Level _____

To: School Guidance Counselor

Newton Medical Center offers a program each summer for students who have completed the eighth grade and are 15-18 years of age, enrolled in school and have at least an 80+ GPA. We select students whose applications indicate they will perform well in our hospital environment.

Please return this reference form by April 6, 2012 to the Volunteer Office by fax to 770-788-0358 or **mail to:** Martha Taylor, CDVS, Newton Medical Center, 5126 Hospital Drive, Covington, Georgia 30014. You may also email to mtaylor@newtonmedical.com Call 770-788-6553 for additional information. **The student is responsible for bringing the application to the Volunteer Office. Please do not submit the application for the student.**

The grade point average for the above named student for the current school year is _____.

The student is on grade level. _____ Yes _____ No

_____ I recommend this student for the Jr. Volunteer Program.

_____ I do not recommend the above named student for the Jr. Volunteer Program.

Comments _____

Guidance Counselor _____
Signature _____ Print Name _____

School _____

Phone _____

Frequently Asked Questions

Am I eligible to be a Teen Volunteer? If you can answer yes to the following:

Will you be 15 – 18 years old by June 1, 2012?

Will you be in 10th – 12th grade in the fall of 2012 or graduating in spring 2012?

Do you maintain a “B” grade average?

Can you commit to the schedule for your session?

May I volunteer additional hours beyond those assigned in the summer schedule?

Due to the number of students in the program, additional hours are not available.

Can I volunteer in more than one area?

Teen volunteers are assigned areas of service and are expected to stay in the area for the session. Teen Volunteers who return the next year may be able to request their assignment.

Is there a cost associated with volunteering?

Each teen will need to purchase a Polo shirt with the hospital logo for \$20. See “dress code” for the remainder of the uniform.

Dress Code

- Teens wear the purchased Polo shirt tucked in, clean and with no wrinkles.
- Long, khaki dress style pant. No jeans/denim, cargo, carpenter, Capri, stretch pants allowed.
- Windbreakers, athletic jackets, sweaters or sweatshirts are not permitted. You may wear a long-sleeve white or black t-shirt under your polo.
- Hospital issued picture ID badge must be worn on the right collar. This is part of the uniform and must be visible when you are serving at the hospital.
- Black or brown Belt
- Tennis shoes – white or black are acceptable
- Socks must be worn
- Teen must be well groomed, wearing a clean uniform
- Gentleman must wear hair off the shoulder and neatly groomed. No facial hair is allowed.
- Ladies hair must be neatly coiffed.
- Nails must be natural and short in length. Polish must be modest, fresh and not chipped.
- No perfume, cologne or after shave is permitted
- Jewelry – keep to a minimum
 - Watches are permitted
 - Girls may wear one pair of earrings – no dangles or hoops
 - Guys are not permitted to have earrings
 - Visible body piercing other than for earrings is not permitted
 - Small rings may be worn, limited to one per hand
 - A small necklace or chain is permitted

Code of Conduct

- **Attitude and Behavior**

Always maintain a friendly, cooperative and professional attitude while serving in the hospital. Be willing to help with tasks and let staff know you are willing to help. Remember - no task is unimportant in the hospital.

Confidentiality is a Must! Matters concerning the hospital, patients and staff are NEVER to be discussed outside the hospital. You are ethically and legally bound to maintain confidentiality for any medical information.

Smoking is not allowed on hospital property.

Loitering in the hospital before, during or after your shift is not permitted.

Please meet your ride promptly at 11:30 each day. Some classes may be extended but will be announced in advance so you can prepare for pickup.

Teens are not allowed to leave the NMC campus while on duty.

Procedures

- **Checking In/Out**

Sign in/out according to specific directions

- **Exchanging Assignments**

Do not exchange assignments with other volunteers

- **Absenteeism**

If you are unable to attend, please call the volunteer office at 770-788-6553 to report the absence and the reason for the absence.

- **Attendance Requirements**

Students are required to attend each weekday from 8:30 – 11:30 during the assigned session.

- **Transportation**

Teens must provide their own transportation

- **Certificate of Service**

You will receive a Certificate of Service upon completion of your service. Your hours of service will be important when applying for scholarships, college admission and employment. You may contact us for letters of recommendations if you satisfactorily completed your service.

ID Badges

ID Badges must be worn at all time while in the hospital and turned in on the last day of your service. Certificate of completion will not be issued until the badges are returned.

- **Valuables**

Newton Medical Center is not responsible for your valuables. Please leave them at home.

- **Electronics**

Electronics including beeper, cell phones or any other electronic equipment are not permitted under any circumstances. You may provide your parents/guardians with the phone number of the receptionist's desk. 770-786-7053.

- **Termination of Service**

Any violation of conduct, dress code, or inappropriate behavior may result in immediate dismissal from the Teen program. Dismissal from the program is at the discretion of the Volunteer Services Director.