



2024 Summer Teen Volunteer Program

Emory University Hospital

1364 Clifton Rd NE, Atlanta, Ga 30322

At Emory University Hospital there are a variety of opportunities for Summer Teen volunteers that fuel a genuine desire to serve others and explore the careers available in health care. We are delighted that you are interested in participating in the 2024 Emory University Hospital Summer Teen Volunteer Program.

The summer program will run from June 10, 2024 – July 26, 2024, with a one-week break from July 1-5, 2024. Spaces are limited, and only completed applications will be considered for an interview.

VIRTUAL INTERVIEWS: will be conducted between April 1, 2024, and April 26, 2024. Applicants will be sent a link to sign up for an interview on March 29, 2024.

PROGRAM DESCRIPTION: The 2024 Emory University Hospital, Summer VolunTEEN program is a 6-week program for high school students (ages 16-18) with a minimum GPA of 3.0. This summer's program will be conducted in person in the hospital. Students will be assigned to various departments within the hospital and will volunteer a shift from 9:00 am – 3:00 pm once per week. Students will volunteer in the same department each week.

VOLUNTEER HOURS: hours will be granted for all volunteer sessions and shifts attended at Emory University Hospital including the volunteer orientation.

PROGRAM REQUIREMENTS

- Applicants must be high school students between 16 (June 1, 2024) and 18 years old.
- Participate in a virtual interview
- Volunteer a minimum of four of the six-week program and complete 24 hours
- Submit to a TB screening
- Vaccination requirements include MMR/Varicella, and Hepatitis
- Purchase a \$20 uniform and follow all EUH Volunteer dress codes and safety protocols.
- Attend Mandatory Volunteer Orientation

To Apply See Below, all applications will need to be completed along with a recommendation letter and sent to the Volunteer Services Department at Emory University Hospital:
mia.ramirez@emoryhealthcare.org

If you have any questions, please contact Volunteer Services at (404) 712-7638.

2024 Summer Teen Volunteer Requirements

The following is information for you to review before filling out your Summer Teen Volunteer Application. This information should help you understand the requirements necessary to become a Volunteer.

1. Summer Teen volunteers must volunteer a minimum of 24 hours during the 6-week program.
2. Summer Teen volunteers must be 16 years or older by June 1, 2024.
3. All Summer Teen Volunteers are required to attend Orientation.
4. All Summer Teen volunteers must show proof of MMR, Varicella and Hepatitis B Vaccinations.
5. All applications must be returned to Emory University Hospital no later than Friday, March 22, 2024. All information on the application must be filled out and should include a parent or guardian signature.
6. Once the application is received, qualified applicants will be contacted and scheduled for a personal interview on a first come-first served basis until all positions are filled.
7. If accepted into the program, Summer Teen volunteers are scheduled to come in once a week, from 9:00 am –4:00 pm, Monday – Thursday. Teen Volunteers are not scheduled to volunteer on Friday, Saturday, Sunday or major holidays.
8. Summer Teen Volunteers will also receive free parking when volunteering at the Hospital. Parking validations will be distributed when volunteers sign out.
9. All Summer Teen Volunteers will be required to complete a mandatory Tuberculosis Test if they are accepted into the program.
10. All Summer Teen volunteers are required to wear a uniform. The uniform may be purchased at the orientation. The combined cost of \$20 will include the uniform.

Date _____

Student Name _____

Dear Counselor/Teacher:

_____ has applied to participate in the Summer Teen Volunteer Program at Emory University Hospital. Thank you for taking your valuable time to complete this evaluation. Your observations are an important part of this student's application. Upon completion, please return to email or fax a copy to mia.ramirez@emoryhealthcare.org fax: 404-712-4032. Please comment on this student's record in the following areas by circling the word describing their capabilities in them and then answer the questions below.

Personal Qualities				
Leadership potential	Excellent	Good	Fair	Poor
cooperation	Excellent	Good	Fair	Poor
responsibleness	Excellent	Good	Fair	Poor
cooperation	Excellent	Good	Fair	Poor
Self confidence	Excellent	Good	Fair	Poor
Ability to work independent	Excellent	Good	Fair	Poor
Work Skills				
participation	Excellent	Good	Fair	Poor
Completes assignments on time	Excellent	Good	Fair	Poor
Follows directions	Excellent	Good	Fair	Poor
Attention span	Excellent	Good	Fair	Poor
Ability to work in a group	Excellent	Good	Fair	Poor
Social Skills				
Relationships with authority (teachers, adults)	Excellent	Good	Fair	Poor
Peer relationships	Excellent	Good	Fair	Poor
Overall attitude	Excellent	Good	Fair	Poor

Classroom Conduct/Areas of greatest strengths and greatest needs: Please comment on the student's overall behavior/attitude:

Would you recommend this student for the Summer Teen Volunteer Program?

Evaluator's Name (please print): _____ Phone: _____

Evaluator's Signature: _____ Date: _____ Title: _____

Evaluator's Email Address: _____

This form is due no later than Friday, March 22, 2024, at 4:00 pm. Thank you for taking the time to fill out this questionnaire. After completing and signing this form, please email or fax to Emory University Hospital Volunteer Services Department: mia.ramirez@emoryhealthcare.org or fax 404-712-4032.

Steps

(students, please review with parents/guardians and check off each step and sub-step):

1. Student Paragraph (5 - 8 sentence paragraph submitted WITH PACKET)
2. One Letter of Reference from a counselor or teacher (form included)
3. High School Transcript (scanned and emailed).
4. Signed check list (this document must be submitted with the application packet.) Please remember that the dates and times for the summer teen program are subject to change.

Students:

My signature below signifies I have discussed this opportunity with a parent or legal guardian.

Student Signature _____ Date _____

Parents/Guardians:

I am aware that my child has applied for the Summer Teen Volunteer program, and we have reviewed and checked off the steps and sub-steps listed above:

I, Parent/legal guardian Printed Name _____, give permission for my child Printed Name _____ to be a Summer Teen Volunteer at Emory University Hospital.

Parent/Guardian Signature _____ Date _____