



GATEWAY
MEDICAL CENTER
VolunTeen Program 2010

March 1, 2010

Thank you for your interest in Gateway Medical Center's Youth Volunteer program known as "VolunTeens." Volunteering at Gateway Medical Center is a great way to experience the activities of a medical facility while giving back to your community.

In order to make this year's program rewarding for all involved, we must insist on the following guidelines.

You must be 14 years of age by May 1, 2010 to participate

You can be no older than 18 years of age on May 1, 2010 to participate

You must have a minimum GPA of 3.00 for High School students or a B Average (provided by Guidance office) for Middle School students.

This summer we will offer TWO sessions from which you can choose. Here are the details:

Two 4 week sessions

Session 1 - June 8-July 1 (mandatory orientation on June 8, 8am – 12n, thank you social on July 1)

Session 2 - July 6 -August 3 (mandatory orientation on July 6, 8a-12n, thank you social on August 3)

We will accept no more than 40 teens for each session

VolunTeens will volunteer twice a week, 4 hours (minimum) per day, for a total of 32 hours per session, including orientation

VolunTeens may volunteer in two different areas during the week

VolunTeens may miss one day which they will be required to make up sometime within their session. Teens that miss more than one day will be dismissed from the program immediately (illness is the one exception, however a doctors note may be required).

VolunTeens may only participate in one session.

Graduating Seniors may apply and participate.

Please complete the attached application in full, attach two letters of reference, a 150-200 word essay on why you want to volunteer at Gateway, and return to Gateway Medical Center no later than March 31 at 3pm. Your letters of reference must be from a teacher, coach, counselor, pastor, work or volunteer supervisor- no family members or friends please. Reference letters should be attached to your application, not mailed seperately.

Letters will be mailed to all applicants stating your acceptance or denial by May 7; please do not call the Volunteer Services office. We are accepting a limited number of new VolunTeens this summer, so review the guidelines carefully- if you cannot commit to the minimum requirements, please do not complete the application. Applications that are incomplete will not be considered, so please double check your application before submitting. We look forward to a terrific summer and hope you will be joining us!

Sincerely,

Sandy Rose Wooten
Director of Volunteer Services



VolunTeen Application 2010

Please print clearly!!!!

Complete Name			Last 4 numbers of Social Sec. #	
Address		City		ST
Zip		Home phone #		E-mail address
T-Shirt size (adult S,M,L,XL, etc.)		Cell Phone#		
Current Age:	Current grade level	Graduation year	School	
Age on May 1st:		Emergency contact#1		Relationship
Emergency contact#2		Relationship		Phone#

I would like to volunteer in (pick one or both, remembering that you may only miss one day regardless of session)

Session 1 - 6/8-7/1 Session 2 - 7/6-8/3

I am interested in volunteering in the following areas (circle all that apply)

Information Desk Registration Diagnostic Imaging Gift Shop Surgical Waiting Nursing Floors
 Materials Management Rehabilitation Business Office Volunteer Services Food & Nutrition Information Systems

Days and times that you are available to volunteer (circle ALL that apply)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

8AM-12 NOON 9A-1P 12NOON-4PM 1P-5P (circle all that apply)

_____ I am interested in volunteering one 8-hour shift per week (with lunch break) due to transportation concerns

<p>High School Students ONLY</p> <p>Cumulative GPA _____ on a _____ point scale</p> <p>_____</p> <p>Guidance Signature (REQUIRED) Phone#</p>	<p>Middle School Students ONLY</p> <p>Grade Point Average as of March 1, 2010 _____</p> <p>_____</p> <p>Guidance Signature (REQUIRED) Phone#</p>
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- Application check list _____ Completed application with parent/guardian signature
 _____ 150-200 word essay on why you would like to volunteer at Gateway
 _____ Two letters of Reference

By signing below, you pledge to carry out the guidelines as stated on the cover letter. Please attach your essay and please remember to **attach** your two letters of recommendation. Do NOT have the letters mailed separately.

Signature	Date
Parent's Signature (required)	Date

Return completed applications to Sandy Wooten at the address below. Applications must be turned in no later than March 31 at 3pm (must be postmarked by March 31). You may deliver in person to Mrs. Wooten, Monday through Friday, 9am-4pm at the Medical Center. You may also leave applications at the front desk IF they are in an envelope with the name "Sandy Wooten" on the front. **Incomplete applications will be removed from consideration.** Thank you!