An Introduction to the 2024 Summer Teen Applicant Packet

In this packet, you will find all of the forms necessary for your initial application to the 2024 Summer Teen Program. Please read each of the forms carefully and follow the instructions exactly. Any omissions in the information requested will cause the application to be considered incomplete. Please print all requested information clearly. It is your responsibility as the applicant to ensure that the packet is complete.

✓ On pages 3 through 5 you will find the application form and important information for further action. Be sure to include a personal (NOT SCHOOL) e-mail address. This is for identification purposes for our badge/security system.

✓ On page 6 you will find the session selection form. You will need to rank all six sessions in accordance with the directions on the form.

✓ On page 7 you will find the signature page which both you and a parent/legal guardian must sign attesting to both the application form’s accuracy and giving permission to participate in the program.

✓ On page 8 you will find the emergency contact form with the names of those who can authorize medical care if necessary. Should you have more than two emergency contacts, you may submit them on another copy of the form.

✓ On page 9 you will find the immunization record form. This should be filled out as completely as possible by your health care provider(s) or submit an alternate official document. Two immunizations are required to participate in the program, but more may be added as mandated. Failure to have these immunizations will prevent your participating in the program. Should further immunizations be required, you will be notified.

✓ Pages 10 through 13 are reference forms you are to provide to your references. Please note that it is a two-page reference form; therefore, you need to provide both pages to the person(s) you have selected for providing a reference.

A complete preliminary package consists of pages 3, 6, 7, 8, and 9 from this packet along with

1. A copy of your most recent report card or the record available on line through your school system’s parent access portal,
2. the answers to the questions referred to on page 4,
3. your reference(s)
4. a copy of a photo ID (operator’s permit, school issued card, etc.)
At the teen group interview, we will request a copy of your social security card which will constitute finishing a complete packet. Not including all information will delay your tentative acceptance into the program.

Be advised that the Summer Teen Program is only conducted at UVA Health Prince William Medical Center; we do not offer the program at the UVA Health Haymarket Medical Center.

Once your mailed-in/dropped off packet is complete and received by the Volunteer Office at UVA Prince William Medical Center, you will be notified by email concerning tentative acceptance and next step(s) you will need to take.

It takes approximately one week between the receipt of the complete application packet and notification of status. If your references elect to mail the reference form in to the volunteer office, it may take longer. It is your responsibility to ensure that any reference form is received by the volunteer office.

You should check your e-mail daily concerning your status with regard to the program. You should check not only your inbox but also your spam folder since some mail systems screen the addresses of received e-mails.

To give you an idea of what the program includes, brief descriptions of the duties in each of the service areas are as follows:

**Emergency Room:** Assist in transporting ambulatory and wheelchair patients to areas within the ESD, escort visitors to treatment rooms, when approved by nursing personnel, restocking supplies, assist in the cleaning of and making up of stretchers.

**Surgical Services:** Clean, remake stretchers per procedure, restock cubicles per inventory list, discharge patients by wheelchair, escort family/visitors.

**Registration desk:** Meet and greet patients and visitors and try to make them feel comfortable. Escort patients and visitors as needed.

**Patient Services:** Rounding, socializing, and providing comfort care to patients.

**Materials Management:** Delivering medical equipment and supplies to departments throughout the hospital.

**Other Opportunities:** From time to time, special projects need to be worked on and teens are frequently enlisted to help.
Teen Volunteer 2024 Summer Program Application Form

(NOTE: You must have finished the sophomore (10th grade) year of high school by the summer of 2024.)

**Deadline for application:** The deadline for applications is the close of business on Friday, April 12, 2024. If the application is to be delivered by USPS, the postmark must be on or before April 12th. Applications are reviewed and acceptance offered on a rolling basis for tentative placement in the program; since space in the summer program is limited, **early submission is recommended.** Applications that do not meet all of the above criteria will not be considered.

**Personal Information (Please print clearly)** Incomplete information/unfilled blanks will delay the processing of the application

Name: ___________________________ ___________________________ Birthdate: __/__/____  
(First Name) (Last Name) (mm/dd/yyyy)

Street Address: ____________________________________________________________ Apt. ______

City: _______________________________ State: __________ Zip: ______________

Personal e-mail: ___________________________ (Do NOT use a school e-mail address)

Home Phone: ___________________________ Cell Phone: ___________________________

School Attended: ___________________________ Graduation Year ______________

Current G.P.A. ____________

Any Dietary Restrictions/Preferences/Allergies: ________________________________

How did you hear about us? ________________________________________________
Application Packet Requirements

No application will be considered for further action until the packet is complete.

The requirements for a complete packet are listed below.

1. A complete application packet, including all forms attached.
2. 1 or 2 references – A reference form may not be completed by a relative or any member of your household. Suggested persons would be a teacher, a religious leader, coach, employer, etc.
   a. Provide your one or two reference(s) with an envelope which should be returned to you with a signature across the seal for you to drop off or mail with your application or to be mailed directly to the volunteer office.
   b. It is YOUR responsibility to ensure that the reference(s) is/are included in your packet by the deadline for your application to be considered complete.
3. A copy of your most recent report card (or equivalent) showing a minimum cumulative GPA of 3.5.
4. A completed and signed immunization record showing that all immunizations are up-to-date as per hospital policy.
5. If an immunization report is generated by the provider’s office, it must contain the required information and must also be signed or stamped.
6. Responses to both questions below.

Please answer the following three questions with a minimum of 300 words. Your answers must be typed/word processed with your name and the number of the question you are answering indicated on each page.

1. Why do you wish to volunteer at a hospital?
2. What makes you a good candidate for volunteering at a hospital?
3. Upon successfully completing the summer teen program, would you be willing and able to continue volunteering one day after school for a three-hour shift after 3pm during the school year?

It is strongly suggested that you keep a copy of pages 3 through 6 of your application packet and utilize the checklist below to monitor your application’s progress and to keep track of all requirements beyond the application form.

Checklist

_____ Completed application, parental permission, emergency contact, and session selection forms
_____ Reference(s) in a sealed envelope
_____ Copy of your most recent report card
_____ Completed and signed immunization record
_____ Response to all three questions
_____ Copy of a photo ID (operator’s permit, school issued card, etc.)
_____ Copy of Social Security Card (to be provided at teen group interview)
Applications are to be dropped off or mailed to:

   UVA Health Prince William Medical Center
   Volunteer Services office – Summer Teen Program
   8700 Sudley Road, Manassas VA 20110

You may e-mail Jude Kelly at ZMB8YK@uvahealth.org to check on the status of your application.

Completion of the application packet does not guarantee acceptance; all required information will be evaluated to determine acceptance into the program. **If tentatively selected, you must also attend all subsequent meetings to be eligible to participate.**

If your application has been tentatively accepted, you will be formally invited via e-mail to a Parent/Teen Information Meeting which both you and a parent/legal guardian must attend. **Failure to attend an information meeting will result in your tentative acceptance being rescinded.**

At the Parent/Teen Information Meeting you will have the opportunity to sign up for a **required group interview** with the Summer Program Coordinator, the Volunteer Coordinator and any others that may be selected. It is your responsibility to keep track of when you have signed up for a group interview. **Failure to attend the interview without your having given prior notification and making arrangements for another group interview will result in your acceptance being rescinded.**

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**Mandatory Meetings:**

1. Parent/Teen Information Meeting (Choose one): April 30 OR May 2; 6-8 p.m.
   Medical Building One, 4th Floor Conference Rooms, Prince William Medical Center, 8700 Sudley Road, Manassas, Va 20110.
2. Teen Group Interviews: May 8, May 15, May 22, May 29, from either 3-4 p.m. or 4-5 p.m.
3. Hospital Teen Orientations: Monday June 17 (Session 1), Monday July 8 (Session 2), Monday July 22 (Session 3)

**Special Invite:**
   UVA Health Youth Healthcare Professions Summit: Monday August 5

**Notes:**

1. If you are scheduled for Session 1, it is strongly recommended that at the parent/teen meeting, you sign up for an early Group Interview session.
2. At the Group Interview session, you will have a photograph taken for your badge. For the interview and photograph, please come in “business casual” attire and bring your social security number.
Summer 2024 Teen Program Session Selection Sheet

Please rank ALL six sessions below from 1 to 6 in order of preference -- 1 being your first choice and 6 being your last choice.

All sessions MUST be ranked for the application to be considered complete.

<table>
<thead>
<tr>
<th>Session 1: June 17 through June 28</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning:</strong></td>
</tr>
<tr>
<td>June 17 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)</td>
</tr>
<tr>
<td>June 18 – June 27 → 8:45 – 12:00</td>
</tr>
<tr>
<td>June 29 → 10:00 – 3:30; wrap-up; lunch provided</td>
</tr>
<tr>
<td><strong>Afternoon:</strong></td>
</tr>
<tr>
<td>June 17 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)</td>
</tr>
<tr>
<td>June 18 – June 27 → 11:45 – 3:00</td>
</tr>
<tr>
<td>June 28 → 10:00 – 3:30; wrap-up; lunch provided</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 2: July 8 through July 19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning:</strong></td>
</tr>
<tr>
<td>July 8 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)</td>
</tr>
<tr>
<td>July 9 – July 18 → 8:45 – 12:00</td>
</tr>
<tr>
<td>July 19 → 10:00 – 3:30; wrap-up; lunch provided</td>
</tr>
<tr>
<td><strong>Afternoon:</strong></td>
</tr>
<tr>
<td>July 8 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)</td>
</tr>
<tr>
<td>July 9 – July 18 → 11:45 – 3:00</td>
</tr>
<tr>
<td>July 19 → 10:00 – 3:30; wrap-up; lunch provided</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 3: July 22 through August 2</th>
</tr>
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<tbody>
<tr>
<td><strong>Morning:</strong></td>
</tr>
<tr>
<td>July 22 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)</td>
</tr>
<tr>
<td>July 23 – August 1 → 8:45 – 12:00</td>
</tr>
<tr>
<td>August 2 → 10:00 – 3:30; wrap-up; lunch provided</td>
</tr>
<tr>
<td><strong>Afternoon:</strong></td>
</tr>
<tr>
<td>July 22 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)</td>
</tr>
<tr>
<td>July 23 – August 1 → 11:45 – 3:00</td>
</tr>
<tr>
<td>August 2 → 10:00 – 3:30; wrap-up; lunch provided</td>
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</tbody>
</table>

Notes to Applicant:
1. If you know of planned vacations, please indicate the session(s) during which you will be gone. This will indicate that you have completed the form.
2. Please make a copy of this selection sheet for your own reference so that you will be sure of times and dates.
By signing this application, the teen certifies that the information listed is true and accurate to the best of the teen’s knowledge and that the teen is committed to participating in the entire two-week program and to adhering to all program rules and requirements including, but not limited to, dress, acceptance of assignment(s), hospital policies and procedures, and any other rules which may be necessary for the smooth operation of the program.

Teen’s Printed Name: __________________________________________________________

Teen’s Signature: ____________________________________________________________

Date of Signature: ____________________________________________________________

By signing this application, the parent/legal guardian of the above named teen certifies that all of the information is true and accurate to the best of the parent’s/legal guardian’s knowledge, that the teen will adhere to all program rules and requirements including, but not limited to, dress, acceptance of assignment(s), hospital policies and procedures, and any other rules which may be necessary for the smooth operation of the program. The signature also gives permission for his/her son/daughter to participate in the teen volunteer program at UVA Health Prince William Medical Center.

Parent/Legal Guardian’s Printed Name: _________________________________________

Parent/Legal Guardian’s Signature: _____________________________________________

Date of Signature: ____________________________________________________________
2024 Summer Teen Volunteer Applicant Emergency Contact Form

Name of Summer Teen Applicant: ________________________________

Contact #1

Name: ________________________________________________________
   (First Name)  (Last Name)
Home Phone Number: _____________________________________________

Work Phone Number: _____________________________________________

Cell Phone Number: _____________________________________________

Relationship to Applicant: _______________________________________

Contact #2

Name: ________________________________________________________
   (First Name)  (Last Name)
Home Phone Number: _____________________________________________

Work Phone Number: _____________________________________________

Cell Phone Number: _____________________________________________

Relationship to Applicant: _______________________________________

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Summer Teen Volunteer Program Immunization History and Clearance

Name of Applicant: ______________________________________________________________

Date of Birth: ________________________                 Phone: __________________________

Address of Applicant: ___________________________________________________________

*To the provider: Please fill in dates; the first two immunizations are required

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>1)</th>
<th>2)</th>
<th>3)</th>
<th>4)</th>
<th>5)</th>
<th>6)</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR Vaccine*</td>
<td></td>
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<tr>
<td>Chicken Pox* (Varicella)</td>
<td>1)</td>
<td>2)</td>
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<td>Varicella Titer</td>
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</tbody>
</table>
| The immunizations/tests below are Not mandatory
| COVID-19 Vaccine*                          | 1) | 2) | 3) |    |    |    |         |
| Documentation History                      |    |    |    |    |    |    |         |
| Rubeola Vaccine                            | 1) | 2) |    |    |    |    |         |
| Rubeola Titer                              |    |    |    |    |    |    |         |
| Mumps Vaccine                              | 1) | 2) |    |    |    |    |         |
| Mumps Titer                                |    |    |    |    |    |    |         |
| Rubella Vaccine (German Measles)           | 1) | 2) |    |    |    |    |         |
| Rubella Titer                              |    |    |    |    |    |    |         |
| Hep B (Optional)                           | 1) | 2) | 3) |    |    |    |         |
| Hepatitis B                                |    |    |    |    |    |    |         |
| Oral Polio                                 | 1) | 2) | 3) |    |    |    |         |
| Oral Polio                                 |    |    |    |    |    |    |         |
| HIB                                        | 1) | 2) | 3) |    |    |    |         |
| HIB                                        |    |    |    |    |    |    |         |
| DPT/TD                                     | 1) | 2) | 3) | 4) |    |    |         |
| DPT/TD                                     |    |    |    |    |    |    |         |
| TB Skin Test                               | 1) | 2) |    |    |    |    |         |
| BAMT Blood Assay                           |    |    |    |    |    |    |         |

Applicant is cleared to participate in the Summer Teen Program. _____YES _____NO

If there are any restrictions, please list: ______________________________________________________________

Provider’s Signature: _____________________________________ Date: __________________________

Practice’s Name: ______________________________________________________________

Practice Address: _____________________________________ Phone: _______________

Please Note: An official immunization record may be substituted, provided the information requested above is included. Said record must have either a physician/medical practitioner signature or a medical practice verification stamp. You may also be notified of additional required immunizations, in order to participate in the Summer Teen Volunteer Program.
UVA Health Auxiliary
UVA Health Prince William Medical Center

Teen Volunteer 2024 Summer Program Reference Form

Applicant’s Name _____________________________________ Date: _____________

The person named above has applied to UVA Health Prince William Medical Center for a volunteer position. Participation in the Summer Teen Volunteer Program requires a high level of maturity, responsibility, and commitment. Applicants are accepted based on their application, recommendations, and group interview. Please take the time to honestly evaluate the above named applicant by (1) completing the check-list below and (2) answering the questions on the reverse of this form. Thank you in advance for your time to evaluate this applicant.

Your Name: ____________________________________________ Your e-mail: __________________________

Your phone number ____________________ If we may call you, best time to call: __________________

Your relationship to the applicant: ______________________

Length of time you have known the applicant: ____________________

If you are a teacher, please indicate the subject(s) that you taught the applicant. ______________________

**Evaluation Criteria for Ranking**

<table>
<thead>
<tr>
<th>Please rank this applicant using the criteria listed below.</th>
<th>Always</th>
<th>Usually</th>
<th>Frequently</th>
<th>Rarely</th>
<th>No Opportunity To Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant displays conduct appropriate to a setting.</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Applicant works well with peers and adults.</td>
<td></td>
<td></td>
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<tr>
<td>Applicant completes assigned tasks.</td>
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<td>Applicant demonstrated effective oral communication.</td>
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</tr>
<tr>
<td>Applicant is resourceful and self-reliant with new situations</td>
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<td></td>
<td></td>
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<tr>
<td>Applicant demonstrates respect for others, accepts supervision, and treats others with kindness</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Applicant acts appropriately in a given situation.</td>
<td></td>
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<tr>
<td>Applicant is punctual</td>
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Please briefly answer the questions below.

1. If you were a patient or employee at a hospital, would you like this applicant to be assigned to your area? If no, please explain.

2. To your knowledge, has this applicant been subjected to any disciplinary action? If yes, please explain.

3. What characteristic(s) distinguishes this applicant from others?

4. Is there any additional information that may be relevant to this situation?

Important: When you have completed the reference form, please give back to the applicant in a sealed envelope for submission. If you have any questions or concerns, please contact the UVA Health Prince William Medical Center Volunteer Services office for the Summer Teen Program at 703-369-8173.

Evaluator’s printed name: ___________________________ ___________________________  
(First Name) (Last Name)  
Evaluator’s signature: __________________________________________________________________
UVA Health Auxiliary
UVA Health Prince William Medical Center

Teen Volunteer 2024 Summer Program Reference Form

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Evaluator’s printed name: ____________________________________________

(First Name) (Last Name)

Evaluator’s signature: ________________________________________________