

# 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.

# UVA Health Auxiliary

Program Location: UVA Health Prince William Medical Center

---

## Teen Volunteer 2024 Summer Program Application Form

(NOTE: You must have finished the sophomore (10<sup>th</sup> 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](mailto: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.**

---

#### **Mandatory Meetings:**

- 1. Parent/Teen Information Meeting (Choose one): April 30 OR May 2; 6-8 p.m. Medical Building One, 4<sup>th</sup> 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.

<b>Session 1: June 17 through June 28</b>	
_____ <b>Morning:</b>	June 17 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)
	June 18 – June 27 → 8:45 – 12:00
	June 29 → 10:00 – 3:30; wrap-up; lunch provided
_____ <b>Afternoon:</b>	June 17 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)
	June 18 – June 27 → 11:45 – 3:00
	June 28 → 10:00 – 3:30; wrap-up; lunch provided
<b>Session 2: July 8 through July 19</b>	
_____ <b>Morning:</b>	July 8 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)
	July 9– July 18 → 8:45 – 12:00
	July 19 → 10:00 – 3:30; wrap-up; lunch provided
_____ <b>Afternoon:</b>	July 8 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)
	July 9– July 18 → 11:45 – 3:00
	July 19 → 10:00 – 3:30; wrap-up; lunch provided
<b>Session 3: July 22 through August 2</b>	
_____ <b>Morning:</b>	July 22 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)
	July 23 – August 1 → 8:45 – 12:00
	August 2 → 10:00 – 3:30; wrap-up; lunch provided
_____ <b>Afternoon:</b>	July 22 → 8:45 – 4:00; orientation; lunch provided (This is a Monday.)
	July 23 – August 1 → 11:45 – 3:00
	August 2 → 10:00 – 3:30; wrap-up; lunch provided

**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: \_\_\_\_\_



## 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**

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

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

Please rank this applicant using the criteria listed below.	Always	Usually	Frequently	Rarely	No Opportunity To Observe
Applicant displays conduct appropriate to a setting.					
Applicant works well with peers and adults.					
Applicant completes assigned tasks.					
Applicant accepts responsibility for assigned tasks and personal behavior.					
Applicant listens and follows instructions.					
Applicant demonstrated effective oral communication.					
Applicant is resourceful and self-reliant with new situations					
Applicant demonstrates respect for others, accepts supervision, and treats others with kindness					
Applicant acts appropriately in a given situation.					
Applicant is punctual					



# 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/added page 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

Please rank this applicant using the criteria listed below.	Always	Usually	Frequently	Rarely	No Opportunity To Observe
Applicant displays conduct appropriate to a setting.					
Applicant works well with peers and adults.					
Applicant completes assigned tasks.					
Applicant accepts responsibility for assigned tasks and personal behavior.					
Applicant listens and follows instructions.					
Applicant demonstrated effective oral communication.					
Applicant is resourceful and self-reliant with new situations					
Applicant demonstrates respect for others, accepts supervision, and treats others with kindness					
Applicant acts appropriately in a given situation.					
Applicant is punctual					

